Case 18-08712 Doc 1 Filed 03/26/18 Entered 03/26/18 19 45 49 Document Page 1 of 62 NORTHERN DISTRICT OF ILLINOIS

| Fill in this information to identify your case: | anutatina hibitiffi or irrusore |
|--|---|
| United States Bankruptcy Court for the: | MAR 26 2018 |
| Northern District of Illinois | 191 1 |
| Case number (# known): Chapter you are filing under: | JEFFREY P. ALLSTEADT, CLERK INTAKE 1 |
| ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 | ☐ Check if this is an |
| The second secon | amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| | | About Debtor 1: | About Dahlan O (Consult On Line) |
|---------|--|---|---|
| | Your full name | | About Debtor 2 (Spouse Only in a Joint Case): |
| | Write the name that is on your government-issued picture | Kuby Eist name | |
| | identification (for example, your driver's license or passport). | Seun | First name |
| | Bring your picture | Middle name | Middle name |
| | identification to your meeting with the trustee. | Last name | Last name |
| | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| Marie C | All other names you | t and a first size of a case of a size of the size of | Parkets #1000-1000-1000-1000-1000-1000-1000-100 |
| | have used in the last 8 years | First name | First name |
| | Include your married or maiden names. | Middle name | Middle name |
| | | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| | a die zer denze underheit die lijekter in kontunkt zeit de die den zeit die zeit den den beitreiten. | 1970 - Parken menengkan kada kaja taun Jawan Lati Malan Harakan (1981 Kadakan ketakkan berbahan Jahat Berlamban ketakan ketakan ja | |
| y | | xxx - xx - 6713 | xxx - xx |
| | ndividual Taxnaver | OR | OR — |
| k | dentification number | 9 xx - xx | 9 xx - xx |

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Document

Case number (if known)_

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----------------------|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in | have not used any business names or EINs. | ☐ I have not used any business names or EINs. |
| | the last 8 years | Business name | Business name |
| | Include trade names and doing business as names | | |
| | | Business name | Business name |
| | | EIN | EIN |
| e-source | | EIN | EIN |
| 5. | Where you live | COM COME A PROPERTY BEFORE THE AN PROPERTY COME A COMMISSION OF COMES AND COMES | If Debtor 2 lives at a different address: |
| | | 8409 Syingennes Number Street Air Ant An | Number Street |
| | | City Code State ZIP Code | City State ZIP Code |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number Street | Number Street |
| | | P.O. Box | P.O. Box |
| No GARCOLI. | | City State ZIP Code | City State ZIP Code |
| W | hy you are choosing | Check one: | стементов по в предоставления в пре |
| | is district to file for ankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | l have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |
| | | | |
| 2*\$35:. <u>4</u> 3, | antigy for the will as beginning the form to the time the country of the state of the time time the time time the time time time time time time time tim | NAME OF A DATE O | |

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Case number (if known)_

| 7. The chapter of the Bankruptcy Code you | Chec for B | ck one. (For a brief description of each, see <i>Notice Required by 11 U.S.C. § 342(b) for Individuals Filing lankruptcy</i> (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | |
|--|--------------------|--|--|--|--|--|
| are choosing to file under | | Chapter 7 | | | | |
| : | | Chapter 11 | | | | |
| | Ос | hapter 12 | | | | |
| ti kali seringga seringga di mana si kali alamping sering da masa Milik ti kali milamenggi permanan | 太 (c | hapter 13 | | | | |
| 8. How you will pay the fe | loo yo su | rill pay the entire fee when I file my petition. Please check with the clerk's office in your sal court for more details about how you may pay. Typically, if you are paying the fee urself, you may pay with cash, cashier's check, or money order. If your attorney is omitting your payment on your behalf, your attorney may pay with a credit card or check in a pre-printed address. | | | | |
| | Æ Lin ^a | need to pay the fee in installments. If you choose this option, sign and attach the | | | | |
| | , tp | prication for individuals to Pay The Filing Fee in Installments (Official Form 103A). | | | | |
| | les pay | equest that my fee be waived (You may request this option only if you are filing for Chapter 7 law, a judge may, but is not required to, waive your fee, and may do so only if your income is so than 150% of the official poverty line that applies to your family size and you are unable to y the fee in installments). If you choose this option, you must fill out the Application to Have the papter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. | | | | |
| . Have you filed for | F | | | | | |
| bankruptcy within the last 8 years? | ☐ No ☐ Yes | District Northern 12 was 7/13/2017 ase number 17/3 373 C | | | | |
| bankruptcy within the | | District Worthern L When A/8/2017 Case number 17/3/373 Case number 17/3/ | | | | |
| bankruptcy within the last 8 years? | ☐ Yes. | District When Case number Case number | | | | |
| bankruptcy within the last 8 years? Are any bankruptcy cases pending or being | ☐ Yes. | District VOITHON L_When 07/13/200 Case number 13 2089 MM / DD / YYYYY Case number Case number | | | | |
| bankruptcy within the last 8 years? Are any bankruptcy | ☐ Yes. | District When Case number Case number | | | | |
| bankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | ☐ Yes. | District When 7/13/20 Case number 32089 MM / DD / YYYYY Case number Case number Case number MM / DD / YYYYY Debtor Relationship to you District When Case number, if known | | | | |
| Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | ☐ Yes. | District VOLTON When 7/3/20 Case number | | | | |
| hankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. | District When MM / DD / YYYY Case number District | | | | |
| bankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Do you rent your | Yes. | District When MM / DD / YYYY Case number When MM / DD / YYYY Case number Case number Relationship to you District | | | | |

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Case number (# known)_

| | Part 3: Report About Any | Businesses You Own as a Sole Proprie | etor | | | |
|-----|---|---|--|---|--|--|
| : 1 | Are you a sole proprietor of any full- or part-time | The sector with | | | | |
| | business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as | Yes. Name and location of business Name of business, if any | Yes. Name and location of business Name of business, if any | | | |
| | a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it | Number Street | | | | |
| : | to this petition. | City | State | ZIP Code | | |
| - | | Check the appropriate box to describ Health Care Business (as defined Single Asset Real Estate (as defined Stockbroker (as defined in 11 U.S Commodity Broker (as defined in None of the above | d in 11 U.S.C. § 101(27A)) ned in 11 U.S.C. § 101(51B) S.C. § 101(53A)) |) | | |
| 13. | 4 | If you are filing under Chapter 11, the court mucan set appropriate deadlines. If you indicate the most recent balance sheet, statement of opera any of these documents do not exist, follow the No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am I the Bankruptcy Code. | riar you are a smail business itions, cash-flow statement, a ∍ procedure in 11 U.S.C. § 1° | debtor, you must attach your and federal income tax return or if 116(1)(B). | | |

Part 4:

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| h | | | | | | | |
|------|---------------------------|-------------|------------------|--|--------------|-------------|------|
| No | | | | | | | |
| Yes. | What is the hazard? | | | | | | |
| | | | | | | | ···· |
| | | | | ······································ | | | |
| | | | | | | | |
| | If immediate attention is | s needed, w | hy is it needed? | | | | |
| | | | | | | 1900L 1111L | |
| | | | | | | | |
| | | | | | | | |
| | Where is the property? | | | | | | |
| | | Number | Street | · · · · · · · · · · · · · · · · · · · | * | | |
| | | | | | | | |
| | | | | | | | |
| | | : | | | · | | |

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Debtor 1

Document

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that i asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Part 6: Answer These | Questions for Reporting Purp | ooses | | | |
|--|---|---|--|--|--|
| 16. What kind of debts do | o 16a. Are your debts print as "incurred by an indiv | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | |
| • | Yes. Go to line 17. | | | | |
| | 16b. Are your debts prim money for a business or | narily business debts? Business debt r investment or through the operation of the | ts are debts that you incurred to obtain ne business or investment. | | |
| | ☐ No. Go to line 16c. ☐ Yes. Go to line 17. | | | | |
| | 16c. State the type of debts y | rou owe that are not consumer debts or be | usiness debts. | | |
| 17. Are you filing under Chapter 7? | No. I am not filing under | Chapter 7, Go to line 18. | | | |
| Do you estimate that a any exempt property i | after ☐ Yes. I am filing under Cha s administrative expen | pter 7. Do you estimate that after any exe ses are paid that funds will be available to | empt property is excluded and odditional odditions? | | |
| excluded and administrative expens | es No | | | | |
| are paid that funds wil available for distribution to unsecured creditors | lbe | | | | |
| 18. How many creditors de | • | 1,000-5,000 | 25,001-50,000 | | |
| you estimate that you owe? | D 50-99 | 5,001-10,000 | 5 0,001-100,000 | | |
| real formalists and the first property and the property and the property of th | ☐ 100-199 ☐ 200-999 | 10,001-25,000 | ☐ More than 100,000 | | |
| 19. How much do you | > \$0-\$50,000 | □ \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | |
| estimate your assets to be worth? | <u> </u> | \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion | | |
| | □ \$100,001-\$500,000 □ \$500,001-\$1 million | \$50,000,001-\$100 million \$100,000,001-\$500 million | ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion | | |
| 20. How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | $^{-1}$ $^{-1$ | | |
| estimate your liabilities to be? | \$50,001-\$100,000 | \$10,000,001-\$10 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion | | |
| to be i | \$100,001-\$500,000 | \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion | | |
| Part 7: Sign Below | □ \$500,001-\$1 million | \$100,000,001-\$500 million | ☐ More than \$50 billion | | |
| For you | I have examined this petition, a correct. | nd I declare under penalty of perjury that | the information provided is true and | | |
| | If I have chosen to file under Ch of title 11, United States Code, under Chapter 7. | napter 7, I am aware that I may proceed, i I understand the relief available under eac | f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed | | |
| | If no attorney represents me an this document, I have obtained | d I did not pay or agree to pay someone v and read the notice required by 11 U.S.C. | who is not an attorney to help me fill out | | |
| | | th the chapter of title 11, United States Co | | | |
| | I understand making a false state | tement, concealing property, or obtaining all in fines up to \$250,000, or imprisonment | monoy or proporty by froud in annual | | |
| | * Kuly Se | anthet x | | | |
| | Signature of Debtor | Signature | of Debtor 2 | | |
| | Executed on MM / DD / | Executed | | | |
| eminor and a second and a second | ר/ ישט / ואואו | 111 | MM / DD / YYYY | | |

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Debtor 1

Kuby Seen Hold
First Name Middle Name Last Name Case number (# known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| | Date | |
|----------------------------------|---------------|---------------|
| Signature of Attorney for Debtor | | MM / DD /YYYY |
| Printed name | | |
| Firm name | | |
| valider oxeer | | |
| Sity | | ZIP Code |
| | | |
| Contact phone | Email address | |

Case 18-08712 Filed 03/26/18 Entered 03/26/18 15:45:49 Desc Main Page 8 of 62 Document Case number (if know For you if you are filing this The law allows you, as an individual, to represent yourself in bankruptcy court, but you bankruptcy without an should understand that many people find it extremely difficult to represent attorney themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. If you are represented by To be successful, you must correctly file and handle your bankruptcy case. The rules are very an attorney, you do not technical, and a mistake or inaction may affect your rights. For example, your case may be need to file this page. dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? ☐ No X Yes Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? ☐ No **X**Yes Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? No. Yes. Name of Person_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case. Signature of Signature of Debtor 2 Date Date

Cell phone

Email address

Contact phone

Cell phone

Email address

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

| In Re: Ruby | Jean Holz | } | |
|-------------|-----------|--------------|------------------|
| Debtor (s) | |))) | Case No. Chapter |

List of Creditors

| AA FCU POB 619001 MD2100 DFW AIRPORT + 75261 | |
|---|--|
| US Bept Cd/G/eLSI 240 Linter rail Lane Attn Chrengre Line Machiner Car 5376M | |
| | |
| | |
| | |

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AAFCU POB 619001 MD2100 DFW AIRPORT, TX, 75261

US DEPT OF ED/GLELSI 2401 Internal Lane Attn: Chhengre Lim Madison, WI, 53704

LVNV FUNDING LLC PO Box 10587 Greenville, SC, 29603

Blitt & Gaines PC 661 Glenn Ave Wheeling, IL, 60090

ALLIED COLLECTION SERV 3080 S DURANGO DR STE 20 LAS VEGAS, NV, 89117

HARVARD COLLECTION 4839 ELSTON AVE CHICAGO, IL, 60630

CAP1/NEIMN 131 E Grand Ave Chicago, IL, 60611

ERC PO Box 57547 Jacksonville, FL, 32241

CAPITAL ONE P O Box 30253 Salt Lake City, UT, 84130

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

Linebarger Goggan Blair & Sampson LLP 2700 Via Fortuna Dr.., Ste 400 Austin, TX, 78746

Pilinois Dept of Revenue Bankrupty Chickso it 60664 Case 18-08712 Doc 1

Commonwealth Edison 3 Lincoln Ctr Attn: Bankruptcy Department Oakbrook Ter, IL, 60181 Filed 03/26/18 Entered 03/26/18 15:45:49, Desc Main Document Page 11 of 62

Art Van Furniture 6500 E 14 Mile Rd Warren, MI, 48092

Comenity Bank/Victoria's Secret 220 W SCHROCK RD WESTERVILLE, OH, 43081

ASSET ACCEPTANCE LLC C/O Robert Bishop PO Box 2036 Warren, MI, 48090

Progressive Leasing 256 West Data Drive Draper, UT, 84020

Mercantile Adjustment Bureau 165 Lawrence Bell Dr Buffalo, NY, 14221

Convergent Outsourcing, Inc. Po Box 9004 Renton, WA, 98057

Springleaf Financial Services 3614 Marketplace Blvd #510 Atlanta, GA, 30344

FNCB Inc. 610 Waltham Way Sparks, NV, 89434

Allied Interstate LLC PO Box 361596 Columbus, OH, 43236

Sentry Credit, Inc. 2809 Grand Ave Everett, WA, 98201 Case 18-08712 Doc 1 Filed 03/26/18 Entered 03/26/18 15:49 Desc Mair

PORTFOLIO RECOVERY ASS 140 Corporate Blvd Norfolk, VA, 23502

US Cellular Dept 0205 Palatine, IL, 60055

Uptown Cash 8641 S. Cottage Grove Chicago, IL, 60619

Alliance Sleep Center 4545 Fuller Dr. Suite 100 Irving, TX, 75038

Blue Cross Blue Shield PO Box 105370 Atlanta, GA, 30348

CEPAMERICA ILLINOIS LLP PO BOX 582663 Modesto , CA, 96358

ADT Security Services PO Box 371878 Pittsburgh, PA, 15250

AFNI, INC. PO Box 3517 Bloomington, IL, 61702

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| Debtor 1 Compared to the co | Fill in this in | formation to iden | tify your case: | |
|--|-----------------|------------------------|----------------------------|-----------|
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois | Debtor 1 | Kyby | | HOLX |
| United States Bankruptcy Court for the: Northern District of Illinois | | | <u> </u> | Last Name |
| | | • | u _k | |
| | United States E | Bankruptcy Court for t | he: Northern District of I | llinois |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | · |
|--|--|
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) | ~ ~ ~ ~ |
| 1a. Copy line 55, Total real estate, from Schedule A/B | . \$ <u>000</u> |
| 1b. Copy line 62, Total personal property, from Schedule A/B | : 22/525 |
| 1c. Copy line 63, Total of all property on Schedule A/B | ;22,52S |
| art 2: Summarize Your Liabilities | |
| | , |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | רטו דר |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ 27,187. |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ 41.704 |
| Your total liabilities | \$ 68,891. |
| rt 3: Summarize Your Income and Expenses | |
| Schedule I: Your Income (Official Form 106I) | |
| Copy your combined monthly income from line 12 of Schedule I | \$ |
| Schedule J: Your Expenses (Official Form 106J) | |
| Copy your monthly expenses from line 22c of Schedule J | \$ |

12/15

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| Debtor | 1 | K |
|--------|---|----|
| Dentoi | • | 17 |

| Rub | Jean | Hn | 11 |
|------------|-------------|-----------|----------|
| First Name | Middle Name | Last Name | <u> </u> |

Case number (if known)

| Part | Answer These Questions for Administrative and Statistical Record | ds | |
|---------------|--|--|--|
| 6. A r | e you filing for bankruptcy under Chapters 7, 11, or 13? | | |
| [] [2] | No. You have nothing to report on this part of the form. Check this box and submit this Yes | form to the court with your other | er schedules. |
| 7. W h | at kind of debt do you have? | | TO THE OWN THE WORK OF THE PROPERTY AND THE PROPERTY AND THE PROPERTY OF THE P |
| Þ | Your debts are primarily consumer debts. Consumer debts are those "incurred by a family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purp | an individual primarily for a perso coses. 28 U.S.C. § 159. | onal, |
| | Your debts are not primarily consumer debts. You have nothing to report on this pathis form to the court with your other schedules. | art of the form. Check this box at | nd submit |
| 8. Fro | om the Statement of Your Current Monthly Income: Copy your total current monthly in 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | ncome from Official | \$ 1900 |
| | by the following special categories of claims from Part 4, line 6 of Schedule E/F: | Total claim | |
| | Domestic support obligations (Copy line 6a.) | 5 M . O.A. | |
| | | | |
| | Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 6.00 | |
| 9c. (| Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | <u> 5 0 . 60</u> | |
| 9d. \$ | Student loans. (Copy line 6f.) | : 7, 882.00 | |
| 9e. 0 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | 5 O· OO | |
| 9f. E | Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + s | |
| 9g, T | otal. Add lines 9a through 9f. | \$7,862.00 | |

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| Fill in this information to identify your case and | this filing: | | |
|--|--|---|--|
| Debtor i Ruby Scon | 41a1+ | | |
| First Name Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filling) First Name Middle Name | | | |
| - The state of the | Last Name | | |
| United States Bankruptcy Court for the: Northern Distric | of Illinois | | |
| Case number | | | |
| | | | Check if this is a |
| | | | amended filing |
| Official Form 106A/B | • | - | |
| Schedule A/B: Proper | | | |
| | | | 12/15 |
| In each category, separately list and describe its category where you think it fits best. Be as com responsible for supplying correct information. If write your name and case number (if known). Are part 1: Describe Each Residence, Buildin | more space is peeded attach a concrete short | ople are filing together, I o this form. On the top o | |
| Do you own or have any legal or equitable inte | rest in any residence, building, land, or similar p | roperty? | |
| No. Go to Part 2. | | | |
| Yes. Where is the property? | | | |
| | What is the property? Check all that apply. | Do not deduct secured. | claims or exemptions. Put |
| 1.1. | Single-family home | the amount of any secur | red claims on Schedule D. |
| Street address, if available, or other description | Duplex or multi-unit building | Creditors Who Have Cla | aims Secured by Property. |
| • | Condominium or cooperative Manufactured or mobile home | Current value of the | |
| | ☐ Manufactured or mobile home — ☐ Land | entire property? | portion you own? |
| | Investment property | \$ | \$ |
| City State ZIP Code | _ Translation | Describe the nature | Of VOUR Ownership |
| State ZIP Code | ☐ Other | interest (such as fee | simple, tenancy by |
| | Who has an interest in the property? Check or | the entireties, or a li | fe estate), if known. |
| | Debtor 1 only | ie, | |
| County | Debtor 2 only | | |
| • | Debtor 1 and Debtor 2 only | Check if this is co | ommunity property |
| | At least one of the debtors and another | (see instructions) | |
| | Other information you wish to add about this | item, such as local | · |
| If you own or have more than one, list here: | property identification number: | | • |
| y = 1 m. o. moto that one, not here. | What is the property? Check all that apply. | | |
| • | Single-family home | Do not deduct secured cla | aims or exemptions. Put |
| 1.2. Street address, if available, or other description | Duplex or multi-unit building | the amount of any secure Creditors Who Have Clair | d claims on Schedule D: ns Secured by Property. |
| offeet address, if available, or other description | Condominium or cooperative | and the state of the company of the control of the | And the second second second second second second second second second |
| | ☐ Manufactured or mobile home | entire property? | Current value of the portion you own? |
| | Land | \$ | s . |
| | Investment property | | ¥ |
| City State ZIP Code | ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | Who has an interest in the property? Check one. | and ondirenes, Or a life | z estatej, it KNOWA. |
| | Debtor 1 only | | |
| County | Debtor 2 only | | |
| - | Debtor 1 and Debtor 2 only | Check if this is co | mmunity property |
| | At least one of the debtors and another | (see instructions) | итику ргорепу |
| | Other information you wish to add about this it | | • |

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Debtor 1

| | Street address, if available, | or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | the amount of any secu | claims or exemptions, Put fred claims on Schedule D: aims Secured by Property. |
|-------------------------------|--|---|--|--|---|
| | : | · · · · · · · · · · · · · · · · · · · | Condominium or cooperative Manufactured or mobile home Land Investment property | Current value of the entire property? | Current value of the portion you own? |
| | City | State ZIP Code | ☐ Timeshare ☐ Other | Describe the nature interest (such as fee the entireties, or a li | of your ownership e simple, tenancy by ife estate), if known. |
| | County | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number: | Check if this is c (see instructions) | ommunity property |
| 2. Add you | the dollar value of the por have attached for Part 1. V | tion you own for a Write that number I | ll of your entries from Part 1, including any entrie | es for pages | \$ |
| e transportunitario e e por e | And the second of the second o | | | | |
| you own | own, lease, or have legal of that someone else drives. If y vans, trucks, tractors, sp | or equitable interes f you lease a vehicle | st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts | not? Include any vehicle: and Unexpired Leases. | s |
| □ N | lo | ort utility vehicles, | motorcycles | | |
| | lo | ort utility vehicles, | Who has an interest in the property? Check one. (A) Debtor 1 only | Do not deduct secured cla the amount of any secured Creditors Who Have Clain | d claims on Schedule D |
| □ N X Y | Make: Model: Year: Approximate mileage: | ort utility vehicles, | Who has an interest in the property? Check one. | Do not deduct secured cla | d claims on Schedule D |
| □ N X Y | Make: Model: Year: | cep ronsler Alimited | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property? | d claims on Schedule D: ns Secured by Property. Current value of the |
| □ N □ Y 3.1. | Make: Model: Year: Approximate mileage: | cep ransler allimited 2000 | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property? | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| N Y 3.1. | Make: Model: Year: Approximate mileage: Other information: cwn or have more than one Make: Model: | CEP Provided 2011 2000 describe here: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property? \$21450.60 | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ 2/450 • 000 ims or exemptions. Put Is claims on Schedule D: |
| ☐ N Y 3.1. | Make: Model: Year: Approximate mileage: Other information: own or have more than one Make: | describe here: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ 21 450.60 Do not deduct secured claim the amount of any secured Creditors Who Have Claim Current value of the | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ 21450 • CO ims or exemptions. Put claims on Schedule D: is Secured by Property. |

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Debtor 1

Ruby Jean Holf

Case number (if known)

| ì. | Make: | Who has an interest in the property? Check one. | Do not deduce | returning of the second |
|--|---|--|--|--|
| •• | Model: | Debtor 1 only | the amount of any secur | ed claims on Schedule |
| | | Debtor 2 only | Creditors Who Have Cla | ims Secured by Propen |
| | Year: | Debtor 1 and Debtor 2 only | Current value of the | Current value of |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own |
| | Other information: | | | |
| | · | Check if this is community property (see instructions) | \$ | \$ |
| | Make: | Who has an interest in the property? Check one. | Do not deduct secured ci | aims or exemptions. Pa |
| | Model: | Debtor 1 only | the amount of any secure Creditors Who Have Clai | ed claims on Schedule I |
| | Year: | Debtor 2 only | $(1+\delta)^{-1} (e^{i\phi})^{2} (W^{0}) = (1+\delta)^{-1} (e^{i\phi})^{2} (e^{i\phi})^{2} (e^{i\phi})^{2} (h_{0}h_{0}h_{0}h_{0}h_{0}h_{0}h_{0}h_{0}$ | والمحاج والمستفسيق الماما المحاضا |
| | Approximate mileage: | Debtor 1 and Debtor 2 only | Current value of the entire property? | |
| | | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | To the second of | ¢ | • |
| | · | ☐ Check if this is community property (see instructions) | p | \$ |
| | - | | | |
| | | | • | |
| | • | | | |
| | made almost it t t | and other recreational vehicles, other vehicles, and access | | |
| | | | · | |
| e | s Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | ims or exemptions. Put |
| e | | Debtor 1 only | Do not deduct secured cla the amount of any secured Creditors Who Have Claim | i claims on Schedule D |
| e: | s Make: | Debtor 1 only Debtor 2 only | the amount of any secured Creditors Who Have Clain | d claims on Schedule D. Is Secured by Property. |
| e: | Make:Model: | Debtor 1 only | the amount of any secured | d claims on Schedule D is Secured by Property. Current value of th |
| e: n N | Make:Model: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | the amount of any secured Creditors Who Have Claim Current value of the | d claims on Schedule D. Is Secured by Property. |
| e: | Make:Model: | ☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ Debtor 1 | the amount of any secured Creditors Who Have Claim Current value of the | d claims on Schedule D. as Secured by Property. Current value of th |
| e: n N | Make:Model: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | the amount of any secured Creditors Who Have Claim Current value of the | d claims on Schedule D. as Secured by Property. Current value of the |
| e: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Make:Model: | □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) | the amount of any secured Creditors Who Have Claim Current value of the | d claims on Schedule D. as Secured by Property. Current value of th |
| e: A A Y C | Make: Model: Year: Other information: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claim | d claims on Schedule D. s Secured by Property. Current value of the portion you own? \$ |
| e: A N Y O T | Make: Model: Year: Other information: wn or have more than one, list here: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | the amount of any securer. Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claim the amount of any secured. | d claims on Schedule D. Secured by Property. Current value of the portion you own? \$ |
| e: A A Y O T | Make: Model: Year: Other information: with or have more than one, list here: lake: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claim the amount of any secured Creditors Who Have Claim. | d claims on Schedule D is Secured by Property. Current value of the portion you own? \$ |
| | Make: Model: Year: Other information: wn or have more than one, list here: lake: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ | d claims on Schedule D is Secured by Property. Current value of the portion you own? \$ |
| | Make: Model: fear: Other information: wh or have more than one, list here: lake: lodel: ear: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ | d claims on Schedule D is Secured by Property. Current value of the portion you own? \$ |
| | Make: Model: fear: Other information: wh or have more than one, list here: lake: lodel: ear: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ | d claims on Schedule D is Secured by Property. Current value of the portion you own? \$ |
| e: A A Y O O N M Y | Make: Model: fear: Other information: wh or have more than one, list here: lake: lodel: ear: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ | d claims on Schedule D is Secured by Property. Current value of the portion you own? \$ |
| e: N Y O N N Y | Make: Model: fear: Other information: wh or have more than one, list here: lake: lodel: ear: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ | d claims on Schedule D is Secured by Property. Current value of the portion you own? \$ |
| e: N Y O N M Y | Make: Model: fear: Other information: wh or have more than one, list here: lake: lodel: ear: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ | d claims on Schedule D is Secured by Property. Current value of the portion you own? \$ |
| e: N Y O N M Y | Make: Model: fear: Other information: wh or have more than one, list here: lake: lodel: ear: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ | d claims on Schedule Dis Secured by Property Current value of the portion you own? \$ |
| 'es a M Y O M M Y O | Make: Model: Year: Other information: who or have more than one, list here: lake: lodel: ear: ther information: dollar value of the portion you ow | Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ | d claims on Schedule Dis Secured by Property Current value of the portion you own? \$ |
| he he | Make: Model: Year: Other information: who or have more than one, list here: lake: lodel: ear: ther information: dollar value of the portion you ow | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ | d claims on Schedule E is Secured by Property Current value of t portion you own? \$ |

Debtor 1

Case number (if known)

Describe Your Personal and Household Items

| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claim or exemptions. |
|--|--|
| 6. Household goods and furnishings | |
| Examples: Major appliances, furniture, linens, china, kitchenware | |
| □ No | |
| Z. Electronics Livingroom set bed | \$ 700 |
| 7. Electronics | |
| 7. Lieotromos | |
| Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | |
| □ No | |
| Yes. Describe | s 250 |
| ipad, Cell phone | · |
| | |
| Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | |
| No | |
| Yes. Describe | |
| | * |
| Equipment for sports and hobbies | |
| Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | |
| S . No | |
| Yes. Describe | |
| | \$ |
| 0, Firearms | |
| Examples: Pistols, rifles, shotguns, ammunition, and related equipment No | |
| Yes. Describe | |
| Tes. Describe | \$ |
| 1. Clothes | · · · · · · · · · · · · · · · · · · · |
| Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| No | |
| Yes. Describe | \$_100.00 |
| TEC) stans | *************************************** |
| 2. Jewelry | N. Carlotte and Ca |
| Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | |
| gold, silver | |
| Ճ No | THA SHA LAMA BU GARAGE SHA |
| Yes. Describe | \$ |
| Non-farm animals | |
| Examples: Dogs, cats, birds, horses | |
| No No | |
| Yes. Describe | |
| | \$ |
| Any other personal and household items you did not already list, including any health aids you did not list | |
| No | |
| ☐ Yes. Give specific | 1 |
| information | \$ |
| Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached | LACT |
| for Part 3. Write that number here | \$ 105D |

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Debtor 1

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Case number (if known)

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|------|----|-----|-------|-----|-----|
| 200 | 52 | 0.5 | | | 300 |
| 83 | _ | | - | 25 | 93 |
| | | | | | |

Describe Your Financial Assets

| | y legal or equitable interest in | | | | Current value of the portion you own? Do not deduct secured claim or exemptions. |
|---|---|---|--|-----------------------------|---|
| 16. Cash Examples: Money you | have in your wallet, in your ho | me, in a safe deposit box | , and on hand when you | file your petition | |
| □ No | | | | | |
| Yes | ······································ | | | Cash: | s <u>25</u> |
| | | | | | |
| 17. Deposits of money <i>Examples:</i> Checking, and other s | savings, or other financial accor imilar institutions. If you have n | unts; certificates of depos | it; shares in credit unior same institution, list eac | is, brokerage houses ch. | |
| □ No | | | | | |
| ☐ Yes | | Institution name: | | | |
| ÷ | 17.1. Checking account: | _chase | Bank | | \$ 6.00 |
| | 17.2. Checking account: | *************************************** | | | \$ |
| | 17.3. Savings account: | eraman . | | | \$. |
| | 17.4. Savings account: | *************************************** | | | \$ |
| | 17.5. Certificates of deposit: | | | TT-1000 | Š |
| | 17.6. Other financial account: | | | | \$ |
| | 17.7. Other financial account: | | | | • |
| | 17.8. Other financial account: | | | - | φ |
| | 17.9. Other financial account: | | | | Ф |
| | | | | - | \$ |
| | | • | | | |
| | or publicly traded stocks investment accounts with broke | erage firms, money marke | et accounts | | |
| └ Yes | Institution or issuer name: | | | | |
| | | | | | \$ |
| | | P-11 | | | \$ |
| | ************************************** | | | | \$ |
| • | | | | | |
| Non-publicly traded st an LLC, partnership, a | ock and interests in incorpor nd joint venture | ated and unincorporate | d businesses, includir | ng an interest in | |
| IR No | Name of entity: | | | % of ownership: | |
| Yes. Give specific information about | | | | 0%% | \$ |
| al | | | | 0%% | \$ |
| them | | | | | |
| tnem | 4- | | | 0%% | \$ |

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Debtor 1

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|--|--|---|--|----------------|
| Negotiable instruments | orate bonds and other negotiable nclude personal checks, cashiers' | checks, promissory notes, and | d money orders. | |
| Non-negotiable instrun | ents are those you cannot transfer | to someone by signing or deliv | vering them. | |
| No No | | | | |
| Yes. Give specific | Issuer name: | • | | |
| information about | | | | ¢ |
| them | | | | |
| | | | ************************************** | \$ |
| • | | *************************************** | | - \$ <u></u> |
| . Po Abronio de la | | | | |
| Retirement or pension Examples: Interests in I | accounts IA, ERISA, Keogh, 401(k), 403(b), | thrift covings accounts or oth | or noncios or profit aboring al | |
| No No | v, ENION, Neogri, 40 I(K), 400(U), | thin savings accounts, or other | er pension or prolit-snaming pi | ans |
| Yes. List each | | | | • |
| account separately. | Type of account: Institution na | me: | | |
| | 40483 | • | | - m |
| • | 401(k) or similar plan: | | · • • • • • • • • • • • • • • • • • • • | <u> </u> |
| | Pension plan: | | | <u> </u> |
| | IRA: | | | |
| | Retirement account: | | | o |
| | Trouvertelle account. | | , 1827-4-18-18-18-18-18-18-18-18-18-18-18-18-18- | <u> </u> |
| | Keogh: | | | <u> </u> |
| | Additional account: | | | <u> </u> |
| | Additional account: | | | • |
| • | | | | J |
| Your share of all unused Examples: Agreements companies, or others No | deposits you have made so that youth | u may continue service or use utilities (electric, gas, water), te | e from a company elecommunications | |
| | Immath.atom.m.m. | - 5 | | |
| ☐ Yes | Institution name o | r individual: | | |
| | Electric: | | | - \$ |
| | Gas: | | | - \$ |
| | Heating oil: | | | - \$ |
| ٠. | Security deposit on rental unit: | · | | - \$ |
| | Prepaid rent: | *************************************** | | |
| | Telephone: | | | - \$ |
| | | | | - \$ |
| | *************************************** | ************************************** | | - \$ <u></u> |
| | Rented furniture: | | | - \$ |
| | Other: | · · · · · · · · · · · · · · · · · · · | | - \$ |
| • | | | | |
| Annuities (A contract for | periodic payment of money to you | u, either for life or for a numbe | r of years) | |
| No. | • • | | • • | • |
| Yes | ssuer name and description: | | | |
| 100 | ооног папте апи иезоприоп: | | | |
| | | | | \$ |
| | | | ************************************** | - \$ <u></u> |
| | | | *************************************** | _ \$ |

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|--|---|--|---|--|--|--|---|
| Debtor 1 | First Name fieldle | | 1 Last Na | 4017 | Case num | ber (if known) | |
| | . [| | | | | | |
| | in an education IR . §§ 530(b)(1), 529A | | | a qualified ABLE progra | am, or under a qualified | state tuition progran | n. |
| No | | | | | | | • |
| ☐ Yes | | Institutio | n name a | nd description. Separately | file the records of any in | terests.11 U.S.C. § 52 | 1(c): |
| • | | | | | | • | e |
| | | | | | | - | _ v |
| | • | ***** | | | | | - \$ |
| | • | | | | | | * |
| exercisat | quitable or future ir ble for your benefit | nterests in | property | (other than anything lis | ted in line 1), and right | s or powers | |
| No · | | | ······································ | | | | |
| inform | Give specific nation about them | | - | | | | \$ |
| 6. Patents, c Examples | copyrights, tradem | arks, trade | e secrets, | and other intellectual p | roperty | | |
| No No | | | , , , , , , | , and an | agreements | | |
| | Sive specific | | *************************************** | | | | |
| inform | ation about them | ~~~~ | | | | | \$ |
| | franchises, and ot Building permits, ex | | | bles operative association hold | linas liauorticenses pro | fessional licenses | |
| ⊞ •No | . . | | | | migo, induo: mociloco, pro | iconoria licerpes | |
| Yes. G | Sive specific ation about them | | | | | | \$ |
| | Į. | | | | | | Y |
| loney or pro | perty owed to you | ? | | | | | Current value of the |
| | | | • | | | | portion you own? Do not deduct secured |
| Tay refund | da accept to con- | | | • | | | claims or exemptions. |
| No Q | ds owed to you | | | | | | |
| | ive specific informati | ion | 1 | Roned 2 | Old notin | 7 | 4. 827 00 |
| at | bout them, including ou already filed the re | whether | | 11 | or o lexan | | \$ 1)03 1.00 2 1.70 = 2 |
| | nd the tax years | | | | | State: | \$ 6 76 DO |
| | | | | THE RESERVE THE PROPERTY OF THE PERSON OF TH | All and the second seco | Local. | * <u>C, 00</u> |
| . Family sup | pport | | | | | | |
| | Past due or lump su | ım alimony | , spousal | support, child support, ma | intenance, divorce settle | ment, property settlem | ent |
| No | | • | | | | ~ i | |
| ☐ Yes. Gi | ive specific informati | on | | | | Alimony: | (m, nn) |
| • | | | | | | Maintenance: | \$ 0,00 |
| | | | | | | Support | \$ 6.00 |
| | | | | | | Divorce settlement | \$ 0.00 |
| | | | | | | Property settlement: | \$ <u>0.00</u> |
| Examples: I | unts someone owe Unpaid wages, disat Social Security bene | oility insura | ince paym | ents, disability benefits, si u made to someone else | ick pay, vacation pay, w | orkers' compensation, | |
| TNO | Cook Cooking Delle | we mba | u ivails yu | a made to someone else | • | | |
| | ve specific information | on | | | | , | 7 |
| | | | L | | | | \$ |
| where it is not to the order of the contract of the same of the contract of th | anna emperantanta i ari repara da ari ari sa ari repensi ny negata esisti. T | 1886 Served Could Const Propher Served | or a second or especial | Beginner of the Street County of the State of the Street Street Street Block Bill | 1877 - Politico III (Santon Walling W. 1886) (Santon Santon Santon Santon Santon Santon Santon Santon Santon S | A CONTRACTOR OF THE PROPERTY O | en 18 de sentante : Le companyo en cara la constantina <mark>s en constantinas de la constantina del constantina de la constantina de la constantina de la constantina del constantina de la constantina de la constantina de la constantina del constantina de la constantina del constantina d</mark> |

Filed 03/26/18 Entered 03/26/18 15:45:49 Desc Main Page 22 of 62 Document Case number (if kno 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value. ... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No. Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims Yes. Describe each claim. 35. Any financial assets you did not already list ☐ Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 25,00 for Part 4. Write that number here Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned Yes. Describe... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Yes. Describe....

Case 18-08712 Doc 1 Filed 03/26/18 Entered 03/26/18 15:45:49 Desc Main Page 23 of 62 Document Debtor 1 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☐ Yes. Describe... 41. Inventory No. Yes, Describe... 42. Interests in partnerships or joint ventures No. Yes. Describe...... Name of entity: % of ownership: % 43. Customer lists, mailing lists, or other compilations No. Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list No Yes Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own?

47. Farm animals

Examples: Live

Examples: Livestock, poultry, farm-raised fish

No No

Yes

Do not deduct secured claims

or exemptions.

Page 24 of 62 Doçument Case number (if know 48 Crops-either growing or harvested Yes. Give specific information...... 49 Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed **L**No Tyes... 51. Any farm- and commercial fishing-related property you did not already list M.No Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Yes, Give specific information...... 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59 Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61. Copy personal property total -> 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

Case 18-08712

Doc 1

Filed 03/26/18

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| Fill in this in | formation to ident | tify your case: | orași de Productiva (Constitută de Constitută de Constitută (Constitută de Constitută (Constitută de Constitută (Constitută (C | | |
|---------------------------------|------------------------|--------------------------------|--|---|---------------------------|
| Debtor 1 | Ruby | Scan Middle Name | Ho) + Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | · | |
| United States E | Sankruptcy Court for t | he: Northern District of Illin | oois | | |
| Case number (if known) | | | | | Check if this amended fil |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| rait ii | identity the Property You Claim | n as exempt | | |
|--------------------|---|---------------------------------------|--|------------------------------------|
| 1. Which | set of exemptions are you claiming? | Check one only, even i | f your spouse is filing with you. | |
| | u are claiming state and federal nonbar | | U.S.C. § 522(b)(3) | |
| ∟l Yo | u are claiming federal exemptions. 11 l | J.S.C. § 522(b)(2) | | |
| 2. For an | y property you list on Schedule A/B t | hat you claim as exem | pt, fill in the Information below. | |
| | description of the property and line on dule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | aloant loca | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| Brief descrip | checking arou | %T \$\O.OO | Ws & RH | 735/LCS5/12 |
| Line fro | | · · · · · · · · · · · · · · · · · · · | ☐ 100% of fair market value, up to | 100/(b) |
| Sched | ule A/B: | | any applicable statutory limit | |
| Brief descrip | otion: Used clothin | 5 106.00 | 0 \$ 1 h 0 | |
| Line fro Schedi | om ule A/B: | | 100% of fair market value, up to any applicable statutory limit | |
| Brief descrip | otion: | \$ | 0 s +60000 RL | 72511 ACC/1 |
| Line fro | | | ☐ 100% of fair market value, up to any applicable statutory limit | 1001/2\ |
| - | u claiming a homestead exemption o | | | |
| (Subjec | it to adjustment on 4/01/19 and every 3 | years after that for case | s filed on or after the date of adjustment. | |
| | . Did you acquire the property covered | by the exemption within | 1,215 days before you filed this case? | |
| | No | | The second of th | |
| m | V | | | |

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Debtor 1

Document

Last Name

Case number (if known)

Additional Page

| Brief descrip on Schedule | tion of the property and line A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|---|--------------------------------------|---|--|
| | misc House had | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | G0005 6 | \$_700 | ¥s 700 | |
| Line from Schedule A/B: | do | | 100% of fair market value, up to any applicable statutory limit | 7351LCS5/12. |
| Brief description: | cash on Hand | s 26 | Øs 25.00 | |
| Line from Schedule A/B: | 16 | | 100% of fair market value, up to any applicable statutory limit | 7351LCS5/12-1 |
| Brief description: | Used Electronis | \$ 250.00 | | <u> </u> |
| Line from Schedule A/B: | <u>D7</u> | | ☐ 100% of fair market value, up to any applicable statutory limit | 7351LCS5/12-10 |
| Brief description: | Jeep wrangler will miked 2011 | \$21,450.00 | 1411 | |
| Line from Schedule A/B: | <u>05</u> | | ☐ 100% of fair market value, up to any applicable statutory limit | 735/LCS5/12- |
| Brief description: | | \$ | □ \$ | (C) 735 ILCS |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | 5/12-1001(b |
| Brief description: | tax refut | \$ | Q \$ | |
| Line from Schedule A/B: | 28 | | 100% of fair market value, up to any applicable statutory limit | 735 1LCS 5/12 |
| Brief description: | | \$ | | -1001 (g) and |
| Line from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | (000(6) |
| Brief description: | | \$ | □ \$ | |
| Line from Schedule A/B; | · · · | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | D \$ | |
| Line from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | THE STATE OF THE S |
| Brief lescription: | | \$ | O \$ | Particular and the second seco |
| ine from Schedule A/B: | *************************************** | | 100% of fair market value, up to any applicable statutory limit | |
| Brief lescription: | | . | \$ | |
| ine from Schedule A/B: | 001000 - 10 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief | | | □ s | |
| lescription: - ine from Schedule A/B: " | | | 100% of fair market value, up to any applicable statutory limit | , and the state of |

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| Fill in this information to identify your c | ase: | | | |
|---|--|--|----------------------------------|--|
| Duday \ | an Holk | | | |
| Debtor 1 First Name | fe Name Last Name | | | |
| Debtor 2 | | | | |
| (Spouse, if filing) First Name Midde | e Name Last Name | | | |
| United States Bankruptcy Court for the: Norther | n District of Illinois | | | |
| Case number | | | · · | |
| (If known) | | | | if this is an ed filing |
| | | | ameno | · |
| Official Form 106D | | | | |
| | va Wha Hara Olaima Cara | | . 4 | |
| Schedule D: Credito | rs Who Have Claims Secur | ed by Prop | erty | 12/15 |
| Be as complete and accurate as possible | a. If two married people are filing together, both are e | qually responsible for | supplying correc | t |
| information. If more space is needed, co additional pages, write your name and ca | py the Additional Page, fill it out, number the entries, ase number (if known). | and attach it to this fo | orm. On the top of | any |
| , , , | | | | |
| 1. Do any creditors have claims secured | | | | |
| ☐ No. Check this box and submit this fo | rm to the court with your other schedules. You have noth | ing else to report on thi | s form. | |
| Yes. Fill in all of the information below | V. | | | |
| Part 11 List All Secured Claims | | | | ; |
| List All Secured Claims | | | | EVEN VEN SERVER SERVE |
| 2. List all secured claims. If a creditor has | more than one secured claim, list the creditor separately | 2014 COTTAGE CHARLES AND ARREST AND ARREST AND ARREST AND ARREST ARREST AND ARREST ARRE | olumn B /alue of collateral ⊢ | Column C Unsecured |
| | has a particular claim, list the other creditors in Part 2. | Do not deduct the t | hat supports this | portion |
| As much as possible, list the claims in air | phabetical order according to the creditor's name. | value of collateral. | claim . | ifany |
| 2.1] AAF (| Describe the property that secures the claim: | \$27,187.60 | 21,450.00 | 5.73. |
| Creditor's Name | | 7 | 7. | 7.0 |
| 508 614001 LVDM | 2011 Jeep wrangler | | | |
| umine: 2liest | As of the date you file, the claim is: Check all that apply. | _ | | |
| | Contingent | | | |
| 1) FW Airport +> 150 | Unliquidated | | | *************************************** |
| City State ZIP Code | ☐ Disputed | | • | and the state of t |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | an married for the |
| | Other (including a right to offset) | _ | | |
| Check if this claim relates to a community debt | | | | |
| Date debt was incurred 7/2014 | Last 4 digits of account number (2002 | | | |
| 2.2 | Describe the property that secures the claim: | \$\$ | \$ | |
| Creditor's Name | | 1 | | |
| Number Street | _ | | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | J | | |
| | Contingent | | | da Linguista de la composição de la comp |
| • | Unliquidated | • | | |
| City State ZIP Code | ☐ Disputed | | • | an jage and a face |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | in central branches |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | And over the last |
| Debtor 2 only | car loan) | · | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | | and design of the second |
| | Other (including a right to offset) | | - | |
| ☐ Check if this claim relates to a community debt | · · | | - | A Property and |
| Date debt was incurred | Last 4 digits of account number | 0- 10- | | |
| CANADA CA | Column A on this page. Write that number here: | J71181. | 00 | |

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Case number (if known)

| Additional Page Part 1: After listing any entries on this by 2.4, and so forth. | page, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|--|--|--|--|
| | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name Number Street | | | | |
| City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | |
| Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred | Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | | |
| | | | | |
| Creditor's Name | Describe the property that secures the claim: | \$ | \$\$ | |
| Number Street City State Z/P Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | ·· · |
| Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| Creditor's Name Number Street | Describe the property that secures the claim: | B _{restrantine} and the state of | \$\$. | |
| City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | |
| Who owes the debt? Check one. Debtor 1 only | Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | • | And a delivery to proper t |
| | in Column A on this page. Write that number here: | | | TARABEL CAPTURES AND |

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| Debtor: | |
|---------|--|

| aş ye | gency is tryicou have mor | ng to collect from you for a debt | you owe to so e debts that yo | meone else, list the cre u listed in Part 1, list the | of that you already listed in Part 1. For example, if a collection ditor in Part 1, and then list the collection agency here. Similarly, if e additional creditors here. If you do not have additional persons to |
|----------|---|--|--|--|--|
| |] | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | Number | Street | | | |
| | *************************************** | | | | |
| | *************************************** | | | | |
| | City | | State | ZIP Code | |
| | | | 20-20-20-20-20-20-20-20-20-20-20-20-20-2 | | On which line in Part 1 did you enter the creditor? |
| | Name | | · | | Last 4 digits of account number |
| | Number | Street | | | |
| | Number | - Sueet | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| | y XXII. La Birling Printer (1975) Will Plant Control for Exemplish | Olemba 1944 Assiadore (* 1944 - 1944) Arbeit - Olemba - Arbeit Anada (1945 - 1954) Assiadore († 1944) Arbeit A | | нистелистичник инпорменентичного постанования под постанования в городи | On which line in Part 1 did you enter the creditor? |
| | Name | · | | | Last 4 digits of account number |
| | | | | | |
| | Number | Street | | | |
| | | | | - | |
| | City | | State | ZIP Code | |
| | of CASE Anti-lane Case all for the reports the male in evolution and the | gagaan valla kat dessimust ses kesketan esman samesine en samesine sistem di kessan esman esman esman manamesi kom | ERFORM THAT COMPANY OF THE PROPERTY OF THE PRO | egoration—Petrolisting and Residence of the Stroman Annual Residence Commission and Annual Residence Annual Co | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | national transfer of the state | | | | |
| | Number | Street | | | |
| | | | · · · · · · · · · · · · · · · · · · · | - | The state of the s |
| | City | | State | ZIP Code | |
| ٦ | | | THE TRANSPORT OF THE PERSON OF | | On which line in Part 1 did you enter the creditor? |
| | Name | | | <u> </u> | Last 4 digits of account number |
| | | | | | |
| | Number | Street | | | |
| | ************************************** | · | | | |
| | City | | State | ZIP Code | |
| ٦ | THE GOOD TEACHER TO SEE THE CONTROL OF THE CONTROL | acid Livens Signatura harden er ett ett kinntensione <mark>n her her kinntensionen kinntensionen her ett e</mark> kinntensionen kinntensione | a mina industrial destinaministra de recorre , | актрука цинульция работа на | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | | | | | *** |
| | Number | Street | | | |
| | | The second secon | | | |
| | City | | State | ZIP Code | |
| | Oity | | Care | | |

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| Fill in this in | formation to ident | ify your case: | |
|---------------------------------|-------------------------|----------------------------|-----------|
| Debtor 1 | Ruby | Jean Widdle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name |
| United States E | Bankruptcy Court for th | ne: Northern District of I | llinois |
| Case number (If known) | | *** | <u> </u> |

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Pa | rt 1: List All of Your PRIORITY Unsecure | ed Claims | - | | | |
|-----|--|--|----------------------------------|--|-------------------------------------|-------------|
| 1. | Do any creditors have priority unsecured claims | s against you? | | | | |
| İ | No. Go to Part 2. | | | • | | |
| i | Yes. | • | | | | |
| | List all of your priority unsecured claims. If a creeach claim listed, identify what type of claim it is. If a nonpriority amounts. As much as possible, list the cunsecured claims, fill out the Continuation Page of I | editor has more than one priority unsecured claim, list to a claim has both priority and nonpriority amounts, list to claims in alphabetical order according to the creditor's r Part 1. If more than one creditor holds a particular clain | nat claim here name, If you h | e and show be nave more tha | oth priority and an two priority | |
| | (For an explanation of each type of claim, see the in | nstructions for this form in the instruction booklet.) | | | | |
| | | | Total clain | Control of the Contro | | |
| - | • | | | amoun | t amount | (3.84g) |
| 2.1 | • | L - 4 4 4t-14 - F 4 | ¢ | ¢. | ¢ | |
| - | Priority Creditor's Name | Last 4 digits of account number | Ψ | * | Ψ | |
| | | When was the debt incurred? | | | | |
| 1 | Number Street | | | | | |
| Ì | : | As of the date you file, the claim is: Check all that appl | y. | | | |
| Ì | | ☐ Contingent | | | | |
| | City State ZIP Code | ☐ Unliquidated | | | - | |
| | Who incurred the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | | | • | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | | | | |
| • | Debtor 1 and Debtor 2 only | Domestic support obligations | | | | |
| | At least one of the debtors and another | Taxes and certain other debts you owe the government | | | | |
| | Check if this claim is for a community debt | Claims for death or personal injury while you were intoxicated | - | | | |
| | Is the claim subject to offset? | Other. Specify | | | • | |
| | □ No □ Yes | Costs: Opening | - | | | |
| | LI Yes | | | | | |
| 2.2 | | Last 4 digits of account number | \$ | \$\$ | \$ | |
| | Priority Creditor's Name | When was the debt incurred? | | | | |
| 1 | Number Street | | | - | | |
| | () | As of the date you file, the claim is: Check all that apply | <i>t</i> . | | | |
| 1 | ************************************** | ☐ Contingent | | | * | |
| ļ | City State ZIP Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. | ☐ Disputed | | | | |
| 1 | Debtor 1 only | | | | | |
| 1 | Debtor 2 only | Type of PRIORITY unsecured claim: | | | | 1 |
| 1 | Debtor 1 and Debtor 2 only | Domestic support obligations | | | | 1 |
| ! | At least one of the debtors and another | Taxes and certain other debts you owe the government | i. | | | 1 |
| * | ☐ Check if this claim is for a community debt | Claims for death or personal injury while you were intoxicated | | | | |
| | Is the claim subject to offset? | Other. Specify | | | | |
| ! | □ No | | | | | 4 |
| į. | ☐ Yes | | | | | į |

Debtor 1

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Case number (if known)

Part (1) Your PRIORITY Unsecured Claims - Continuation Page

| Afte | er listing any entries on this page, number them | beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
|-------------|--|--|-------------|--|--|
| | | Last 4 digits of account number | \$ | \$ | \$ |
| | Priority Creditor's Name | When was the debt incurred? | | | : |
| | Number Street | | | | |
| : | _ | As of the date you file, the claim is: Check all that apply. | | | |
| 1 | City State ZIP Code | ☐ Contingent ☐ Unliquidated | | | |
| | Who incurred the debt? Check one. | ☐ Disputed | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | • | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Domestic support obligations | | | |
| | At least one of the debtors and another | Taxes and certain other debts you owe the government Claims for death or personal injury while you were | | | • |
| | ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | | |
| | Is the claim subject to offset? | | | | |
| | ☐ No ☐ Yes | | | | |
| <u> </u> - | U Yes | AND THE PROPERTY OF THE PROPER | | and the facilities are not a second to the second to t | Property of the state of the st |
| | Priority Creditor's Name | Last 4 digits of account number | \$ | \$ | \$ |
| | Fronty Creditors Name | When was the debt incurred? | | | |
| ٠ | Number Street | As of the data year file the size in Oberla all that each | | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| | City State ZIP Code | Unliquidated | | | |
| | Who incurred the debt? Check one. | ☐ Disputed | | | 1 |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| * | Debtor 2 only Debtor 1 and Debtor 2 only | Domestic support obligations | | | - |
| | At least one of the debtors and another | Taxes and certain other debts you owe the government Claims for death or personal injury while you were | | | |
| | ☐ Check if this claim is for a community debt | intoxicated | | | |
| | Is the claim subject to offset? | Other. Specify | | | |
| | □ No | | | | |
| | Yes | | | | |
| | | Last 4 digits of account number | \$ | \$: | 5 |
| | Priority Creditor's Name | When was the debt incurred? | | | |
| | Number Street | And the second of the second o | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | Topoder I base-in- |
| | City State ZIP Code | ☐ Contingent ☐ Unliquidated | | | |
| | Who incurred the debt? Check one. | ☐ Disputed | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | and the same of th |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Domestic support obligations | | | ** |
| | At least one of the debtors and another | Taxes and certain other debts you owe the government Claims for death or personal injury while you were | | | |
| | ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | | |
| | Is the claim subject to offset? | | ÷ | | |
| | □ No | | | | |
| | ☐ Yes | The second secon | | | |

Document

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Case number (if known)

| Pa | List All of Your NONPRIORITY Unsecured Claims | | |
|----|--|---|--|
| 3. | Do any creditors have nonpriority unsecured claims against you | ? | |
| | No. You have nothing to report in this part. Submit this form to the | | • |
| | Yes | | 4 |
| | | | |
| 4. | List all of your nonpriority unsecured claims in the alphabetical on nonpriority unsecured claim, list the creditor separately for each claim | order of the creditor who holds each claim. If a creditor has For each claim listed, identify what type of claim it is. Do not | s more than one Hist claims already |
| | nonpriority unsecured claim, list the creditor separately for each claim, included in Part 1. If more than one creditor holds a particular claim, li | st the other creditors in Part 3.If you have more than three no | npriority unsecured |
| | claims fill out the Continuation Page of Part 2. | | |
| | | | |
| | | | Total claim |
| 1 | | Last 4 digits of account number | _ |
| | Nonpriority Creditor's Name | | \$ |
| | | When was the debt incurred? | |
| | Number Street | | |
| | | A set the data was Physics and the Design to Observe the Hard and | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | • | ☐ Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | |
| | • | that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | i |
| | No . | Other. Specify | • |
| | ☐ Yes | | |
| 2 | | Last 4 digits of account number | \$ |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | | | |
| | Number Street | | |
| , | | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | ☐ Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | • | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | | Obligations arising out of a separation agreement or divorce | |
| | ☐ Check if this claim is for a community debt | that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ No | Other. Specify | |
| | ☐ Yes | | |
| 3 | | 3 _ A A A: _ I = _ I A A _ E A A _ A _ E A _ A | |
| | Nonpriority Creditor's Name | Last 4 digits of account number | \$ |
| | | When was the debt incurred? | |
| | Number Street | | • |
| | | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | • | |
| | Who incurred the debt? Check one. | Contingent | |
| | Debtor 1 only | Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | Debtor 1 and Debtor 2 only | T CMONONIONIONI | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | · |
| | | Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | |
| | Is the claim subject to offset? | that you did not report as priority claims | • |
| | □ No | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |
| | Yes | Other, Specify | |
| | | | : |

Debtor 1

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| 25.0 | 200 | | roda | |

Your NONPRIORITY Unsecured Claims — Continuation Page

| After listing any entries on this page, number them beginning with 4 | .4, followed by 4.5, and so forth. Total claim |
|--|--|
| AAPCU Nonpriority Creditor's Name | Last 4 digits of account number 2082 \$5,120.0 |
| POIS 619001 MD 2100 DFW AIR port Jews 7526 | When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Unliquidated ☐ Disputed |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify |
| Yes | |
| ADT Sound Services Nonpriority Creditor's Name 2100 | When was the debt incurred? |
| Aurorg Colorado 80014 City City Code | As of the date you file, the claim is: Check all that apply. Contingent |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only | Unliquidated Disputed |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that |
| Check if this claim is for a community debt Is the claim subject to offset? | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify |
| ☐ Yes | |
| AFO INC. | Last 4 digits of account number \$/\$. When was the debt incurred? |
| Bloomington 12 6/702 | As of the date you file, the claim is: Check all that apply. |
| Who incurred the debt? Check one. | ☐ Contingent ☐ Unliquidated ☐ Disputed |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts |
| No Yes | Other Specify Over 4en yrans 950 |

Debtor 1

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Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| example, if a collection agency is trying to collect from yo 2, then list the collection agency here. Similarly, if you have | your bankruptcy, for a debt that you already listed in Parts 1 or 2. For u for a debt you owe to someone else, list the original creditor in Parts 1 or emore than one creditor for any of the debts that you listed in Parts 1 or 2, list the ens to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|--|---|
| Alliame Sloep Center | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 4545 Puller Dr | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| suite 100 | |
| Irving texas 5038 ZIP Code | Last 4 digits of account number |
| Name | On which entry in Part 1 or Part 2 did you list the original creditor? |
| House | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| City State ZIP Code | Last 4 digits of account number |
| Name | On which entry in Part 1 or Part 2 did you list the original creditor? |
| · · | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| City State ZIP Code | Last 4 digits of account number |
| 66 m Charles Calculus Provided also be needed to 15 m Provided and consult from the debatic inverse of Stilling and a second and | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| City State ZIP Code | Last 4 digits of account number |
| Control is a solid the second of the second | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | On which entry in Part 1 of Part 2 did you list the original creditor? |
| | Line of (Check one): D Part 1: Creditors with Priority Unsecured Claims |
| Number Street | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| City State ZIP Code | Last 4 digits of account number |
| City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| City State ZIP Code | Last 4 digits of account number |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | The of (Observation) P. Dente Condition of D. M. C. |
| Number Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| MACH TO THE RESIDENCE OF THE PARTY OF THE PA | Claims . Creditors with Nonphority Onsecured |
| City State ZIP Code | Last 4 digits of account number |
| OKY SIZE AFFORM | |

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Debtor 1

Ho 1d Document

Part 4:

Add the Amounts for Each Type of Unsecured Claim

| | | | • |
|---|---|---------------------|--|
| | | Total claim | |
| rom Part 1 | 6a. Domestic support obligations | 6a. <u>\$</u> | |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + _{\$} | |
| | 6e. Total. Add lines 6a through 6d. | 6e. \$ | |
| | | Total claim | ing distribution of the second |
| otal claims om Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6f. Student loans | 6f. | · |
| | 6g. \$ | | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ | |
| , | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + ş | |
| | | | |

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| Fill in this information to identify your case: | | |
|--|--|--|
| Debtor Kuby Scan Holf- First Name Middle Name Last Name | Management and the force | |
| Debtor 2 (Spouse If filing) First Name Middle Name Last Name | . ' | |
| United States Bankruptcy Court for the: Northern District of Illinois | | ē. |
| Case number | | T |
| (If known) | | Check if this is an amended filing |
| | | |
| Official Form 106G | | • |
| chedule G: Executory Contracts and | Unexpired Leases | 12/15 |
| e as complete and accurate as possible. If two married people are filing to formation. If more space is needed, copy the additional page, fill it out, nu ditional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases? | gether, both are equally responsible for supplying the entries, and attach it to this page. On the entries is a supplying the entries is a supplying the entries in the entries in the entries is a supplying the entries in the entries in the entries is a supplying the entries in the entries is a supplying the entries in the entries is a supplying the entries in the entries in the entries is a supplying the entries in the entries in the entries is a supplying the entries in the entries in the entries is a supplying the entries in the entries in the entries is a supplying t | ng correct the top of any |
| □ No. Check this box and file this form with the court with your other sched □ Yes. Fill in all of the information below even if the contracts or leases are | fules. You have nothing else to report on this form. Is listed on Schedule A/B: Property (Official Form 10) | 6A/B). |
| List separately each person or company with whom you have the contrevample, rent, vehicle lease, cell phone). See the instructions for this formunexpired leases. | act or lease. Then state what each contract or le | ase is for (for ecutory contracts and |
| | | 1. 14 A 3. 15 |
| Person or company with whom you have the contract or lease | State what the contract or lease is for | |
| | | |
| Name | | |
| Number Street | | |
| City State ZIP Code | | |
| The article of the return contract and the contract of the con | ett i i i i i i i i i i i i i i i i i i | CONTROL OF THE PROJECT OF THE PROPERTY OF THE |
| Name | | , |
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| | nt to the angle of the title of the trials and the end of the end of the trials of the trials and the end of t | in decidio di control di puesto, di devido e di Control di |
| Name Number Street | nt to the manager of the transfer of the trans | iki dipandikan sa andara 1974, iki biralipa ana Carang ka |
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Debtor 1

| Rub | | , Halt | |
|------------|-------------|-----------|--|
| first Name | Middle Name | Last Name | |

Case number (if known)

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| THE STATE OF THE S | 488 |
| 100000000000000000000000000000000000000 | |
| | |
| Reference datasets | 200 |

Additional Page if You Have More Contracts or Leases

| | Person | or company wi | th whom yo | u have the contract | or lease | What the contract or lease is fo | |
|----|---------------------------------|--|--|--|--|--|--|
| 22 | • | | | | | | . * |
| | Name | *************************************** | | | | • | |
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| m | Call Control Concern | along the transfer of the following street of the con- | EARTHOUSE SPEED 18 SERVED | en er <u>en en e</u> | minang salah digenggan antan san aprag | and water controls to the management of the control and the management and the property of the second second and the second seco | The second secon |

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| Fill in this information to identify your case: | |
|--|--|
| Police Rube Sean Holk | |
| Debtor 1 First Name Middle Name Last Name | |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: Northern District of Illinois | |
| | |
| Case number(If known) | |
| | Check if this is ar amended filing |
| Official Form 106H | |
| Schedule H: Your Codebtors | |
| | 12/15 |
| Codebtors are people or entities who are also liable for any debts you may have are filing together, both are equally responsible for supplying correct informatic and number the entries in the boxes on the left. Attach the Additional Page to the case number (if known). Answer every question. | on, if more space is needed, copy the Additional Page, fill it out |
| 1. Do you have any codebtors? (If you are filing a joint case, do not list either spo | ouse as a codebtor.) |
| , □ No | |
| Yes | |
| 2. Within the last 8 years, have you lived in a community property state or ter | ritory? (Community property states and territories include |
| Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, No. Go to line 3. | Washington, and Wisconsin.) |
| Yes. Did your spouse, former spouse, or legal equivalent live with you at the | time? |
| No | une? |
| Yes. In which community state or territory did you live? | Fill in the name and current address of that access |
| | . I in the harrie and content address of that person. |
| | |
| Name of your spouse, former spouse, or legal equivalent | |
| Number Street | Parameters. |
| | : |
| City State ZIP Code | |
| 3. In Column 1, list all of your codebtors. Do not include your spouse as a code shown in line 2 again as a codebtor only if that person is a guarantor or cos Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule E/F, or Schedule G to fill out Column 2. | signer. Make sure you have listed the creditor on |
| Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt |
| | Check all schedules that apply: |
| 3.1 | |
| Name | Schedule D, line |
| Number Street | Schedule E/F, line |
| Number Street | ☐ Schedule G, line |
| City State ZIP Code | |
| 3.2 | |
| Name | Schedule D, line |
| Number Street | ☐ Schedule E/F, line |
| | G Schedule G, line |
| City State ZiP Code | |
| 3.3 | Cohodula D. San |
| Name . | Schedule D, line |
| Number Street | Schedule E/F, line |
| | Schedule G, line |

State

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Debtor 1

Ruby Scan Holf

Case number (if known)_____

| Colum | nn 1: Your codebtor | | | Column 2: The creditor to whom | you owe the deb |
|----------|--|-------|----------|---------------------------------------|--|
| 3 | | | | Check all schedules that apply: | Protest Addition to the |
| Name | | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line | |
| Numbe | r Street | | | Schedule G, line | |
| City | | State | ZIP Code | | |
| | | | | | |
| Name | | | | Schedule D, line | ÷ |
| Number | Street | | | Schedule E/F, line | • |
| | | | | Schedule G, line | |
| City | The state of the s | State | ZIP Code | | - |
| Name | | | | Schedule D, line | |
| | • | | | Schedule E/F, line | |
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| City | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | and the second |
| City | AND A STATE OF THE | State | ZIP Code | - | |
| Name | | | | Cohodulo D. Kara | |
| ivame | • | | | Schedule D, line Schedule E/F, line | |
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| City | | State | ZIP Code | | |
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| 1404116 | | | | Schedule D, line | |
| Number | Street | | | Schedule G, line | |
| | | • | | | |
| City | | State | ZIP Code | | |
| Name | | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line | |
| Number | Street | | | Schedule G, line | |
| City | · | | | _ | |
| | - The state of the | State | ZIP Code | | |
| Name | | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line | |
| - Number | Street | | | Schedule G, line | • |
| City | · · · · · · · · · · · · · · · · · · · | | | | |
| <u> </u> | | State | ZIP Code | | |
| Name | | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line | |
| Number | Street | | | Schedule G, line | |
| Cin | | | | · · · · · · · · · · · · · · · · · · · | To the state of th |
| City | والمراجعة | State | ZIP Code | | The state of the s |

Case 18-08712 Doc 1 Filed 03/26/18 Entered 03/26/18 15:45:49 Desc Main Page 40 of 62 Document Fill in this information to identify your case: Debtor 1 Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: ____ ___ District of Case number Check if this is: (If known) An amended filing A supplement showing postpetition chapter 13 income as of the following date: Official Form 1061 MM / DD / YYYY Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. Debtor 1 Debtor 2 or non-filing spouse If you have more than one job, attach a separate page with **Employment status** ☐ Employed information about additional ■ Employed employers. ■ Not employed Not employed Include part-time, seasonal, or self-employed work. Occupation Occupation may include student or homemaker, if it applies. Employer's name Employer's address State ZIP Code How long employed there? Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. 3. Estimate and list monthly overtime pay. 3. 4. Calculate gross income. Add line 2 + line 3.

Entered 03/26/18 15:45:49 Case 18-08712 Doc 1 Filed 03/26/18 Desc Main Document Page 41 of 62 Debtor 1 Case number (if known) Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5c. 5d. Required repayments of retirement fund loans 5d. 5e. Insurance 5e 5f. Domestic support obligations 5f. 5g. Union dues 5g. 5h. Other deductions. Specify: 5h. 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business. profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 8d. Unemployment compensation 8d. 8e. Social Security 8e 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 8g. Pension or retirement income 8g. 8h. Other monthly income. Specify: 8h. 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income

No.

Yes, Explain:

13. Do you expect an increase or decrease within the year after you file this form?

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| Fill in this information to iden | tify your case: | | | • | |
|---|--|---------------------------------------|-------------------------------|--------------------------------------|--|
| Debtor 1 Kyby | Sean Middle Name | Holf | | | |
| Debtor 2 | | Last Name | | · | |
| (Spouse, if filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for t | the: Northern District of Illino | IS · | | | |
| Case number (If known) | | _ | Check if | | |
| | | | | nended filing olement showing no | ostpetition chapter 13 |
| ore | | | incom | e as of the following | g date: |
| Official Form 106I | | | MM / 0 | DD / YYYY | |
| Schedule I: Yo | our income | | | | 12/15 |
| Be as complete and accurate as supplying correct information. I If you are separated and your si separate sheet to this form. On Part 1: Describe Employers | if you are married and not pouse is not filling with you the top of any additional p | filing jointly, and y | our spouse is living with y | ou, include informat | tion about your spouse. |
| Fill in your employment information. | | Debtor 1 | | De De | btor 1 |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | Employed Not employ | ved | Employed Not employed | The state of the s |
| Include part-time, seasonal, or self-employed work. | | | | _ | |
| Occupation may include studer or homemaker, if it applies. | Occupation nt | Cross | ing Guard | Secur | 1 ty Gua |
| | Employer's name | City | of chienco | Page St | ecunity |
| | Employer's address | Number Street | Lasaile | 9453 S Number Street Chichso | . Ashland. |
| | | Chicago | State ZIP Code | City | State ZIP Code |
| | How long employed the | ere? <u>3</u> | • | 2 | - Circumstantin |
| Part 2: Give Details Abo | ut Monthly Income | | | | |
| Estimate monthly income as a spouse unless you are separate | ea. | | | | |
| If you or your non-filing spouse below. If you need more space, | have more than one employ attach a separate sheet to t | er, combine the info his form. | rmation for all employers for | that person on the lin | Scrovel a.H |
| | | | For Debtor 1 | Eor Debtor 2 or non-filing spouse | Smood a.H |
| List monthly gross wages, sa deductions). If not paid monthly | alary, and commissions (be y, calculate what the monthly | efore ali payroli y wage would be. | 565 2 V=1-150 | \$ 385 | THE PARTY OF THE P |
| 3. Estimate and list monthly over | ertime pay. | | 3. +\$/, 150 | + \$ 385 | |
| 4. Calculate gross income. Add | line 2 + line 3. | | 4. \$5150 | \$ <u>775</u> | |

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Case number (# Konown)

| (| | |
|--|---------------------------------------|---|
| | For Debtor 1 | For Debter 2 of Page 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| Copy line 4 here | « \$1,150 · | \$ 770 Second |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | ia. s 458 | \$ |
| | 5b. \$ 89,00 | \$· |
| | ic. s ().00 | · \$ |
| | 5d. 5 0.00 | . <u></u> |
| | se. s ()·() | \$ |
| oc, mananeo | · · · · · · · · · · · · · · · · · · · | \$ |
| 5f. Domestic support obligations | st. \$ <u>3.01</u> | Φ |
| 5g. Union dues 5 | ig. | P |
| 5h. Other deductions. Specify: | in. +s <u>0~00</u> | + \$ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. \$171.66p | \$ |
| 7 Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$434.39 | \$ |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | |
| Attach a statement for each property and business showing gross | , , | • |
| receipts, ordinary and necessary business expenses, and the total monthly net income. | sa. \$ 0.00 | \$ |
| Thomas Total Control | 16. s A. 07 | \$ |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | | · . |
| include alimony, spousal support, child support, maintenance, divorce | s. \$0.00 | \$ |
| | d. \$0.00 | \$ |
| | le. \$ D. O.O. | \$ |
| 8f. Other government assistance that you regularly receive | | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | |
| Specify:8 | f. 3 | 5 |
| 8g. Pension or retirement income | g. \$ | \$ |
| 8h. Other monthly income. Specify:8 | h. +\$ | +\$ |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. \$ | \$ |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. | 10. \$+ | \$ |
| 11. State all other regular contributions to the expenses that you list in Schedul Include contributions from an unmarried partner, members of your household, you | | mates, and other |
| friends or relatives. | | - Hatadin Pakadula I |
| Do not include any amounts already included in lines 2-10 or amounts that are no | available to pay expense | |
| Specify: | | 11. + \$ |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result write that amount on the Summary of Your Assets and Liabilities and Certain State | | |
| • | | monthly income |
| 13. Do you expect an increase or decrease within the year after you file this for \square No. | m? | |
| ☐ Yes. Explain: | | |
| | | |

| Fill in this information to identif | v volir case: | | | |
|---|--|---|---|-------------------------------|
| Debtor 1 Prist Name Debtor 2 | Sean Hold Middle Name Last Name | Check if thi | | • |
| (Spouse, if filing) First Name United States Bankruptcy Court for the | Middle Name Last Name : Northern District of Illinois | | nded filing ement showing pos es as of the followin | |
| Case number (If known) | | MM / DD | / YYYY | |
| Official Form 106J | | | | • . |
| Schedule J: Yo | ur Expenses | | | 12/15 |
| | possible. If two married people are fill ded, attach another sheet to this form n. | | | |
| Part 1: Describe Your Ho | usehold | | | |
| 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a No Yes. Debtor 2 must f | separate household? ile Official Form 106J-2, <i>Expenses for</i> S | Separate Household of Debtor 2. | , | |
| Do you have dependents? Do not list Debtor 1 and Debtor 2. | ☐ No ☐ Yes. Fill out this information for | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | each dependent | | E Charles S Cambridge Control of Control | K No D Yes |
| | | | | No Yes No Yes |
| | | | | No Yes |
| Do your expenses include expenses of people other than | Ø No | | | Yes |
| yourself and your dependents? | Yes | | | |
| | r bankruptcy filing date unless you a nkruptcy is filed. If this is a suppleme | | | |
| | n-cash government assistance if you d it on <i>Schedule I: Your Income</i> (Offic | | Your exper | 1ses |
| The rental or home ownership of any rent for the ground or lot. | expenses for your residence. Include | first mortgage payments and | 4. \$ <u>O</u> | |
| If not included in line 4: | | | | |
| Real estate taxes Property, homeowner's, or respectively. | antar's incurance | | 4a. \$ | |
| 4b. Property, homeowner's, or r4c. Home maintenance, repair, | | | 4b. \$ (1) | |
| 4d. Homeowner's association of | | | 4c. \$ 7 | |

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Debtor 1

Ruby Jan Holl Case number (# known)

Case number (# known)

| | | | Your expenses |
|-----|--|------|----------------------|
| 5 | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ O |
| | | Э. | |
| 6 | Utilities: 6a. Electricity, heat, natural gas | , | • |
| * | 6b. Water, sewer, garbage collection | 6a. | \$ |
| | | 6b. | \$ \$_ 5 0 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ 30 |
| | 6d. Other. Specify: | 6d. | \$ |
| 7. | and the second configuration of the second configuration o | 7. | \$ 100 |
| 8. | | 8. | \$ |
| 9. | , | 9. | \$ 100 |
| 10. | Personal care products and services | 10. | s_60 |
| 11. | Medical and dental expenses | 11. | \$ |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ 60 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$_ <i>D</i> |
| 14 | Charitable contributions and religious donations | 14. | \$ <i>O</i> |
| 15. | Insurance. | • | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | \$ O |
| | 15b. Health insurance | 15b. | \$ |
| | 15c. Vehicle insurance | 15c. | \$ Q |
| | 15d. Other insurance. Specify: | 15d. | \$_ D |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ <u> </u> |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ |
| • | 17c. Other. Specify: | 17c. | \$ |
| | 17d. Other. Specify: | 17d. | \$ |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| | | 10. | \$ |
| 19. | Other payments you make to support others who do not live with you. | | • |
| | Specify: | 19. | \$ |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | ie. | |
| | 20a. Mortgages on other property | 20a. | \$O |
| | 20b. Real estate taxes | 20b. | s O |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ O |
| | 20d. Maintenance, repair, and upkeep expenses | 20d, | \$ D |
| • | 20e. Homeowner's association or condominium dues | 20e. | \$ |

Case 18-08712 Doc 1 Filed 03/26/18 Entered 03/26/18 15:45:49 Desc Main Page 46 of 62 Document Debtor 1 21. Other. Specify: 22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 22a. .22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. 23. Calculate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. 23b. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. Yes.

yes over the summer I will be working more Hours with my security Sob

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| Fill in this information to identify | y your case: | | | |
|--|--|--|---|--|
| Debtor 1 Kuby | Soon Ho | Check if th | sie ie. | |
| First Name Debtor 2 | Middle Name Last Name | | | |
| (Spouse, if filing) First Name | Middle Name . Last Name | · · · · · · · · · · · · · · · · · · · | ended filing dement showing post | petition chapter 13 |
| United States Bankruptcy Court for the | Northern District of Illinois | | ses as of the following | |
| Case number (If known) | | MM / DI | D/ YYYY | |
| Official Form 106J-2 | | | , | |
| Schedule J-2: I | - Expenses for Sep | arate Household | of Debtor | 2 12/15 |
| Use this form for Debtor 2's separance Debtor 2 have one or more dependently with respect to expenses for needed, attach another sheet to the question. Part 1: Describe Your House | dents in common, list the depende Debtor 2 that are not reported on his form. On the top of any addition | ents on both Schedule J and this : Schedule J. Be as complete and | form. Answer the que accurate as possible. | estions on this form If more space is |
| | | | | |
| Do you and Debtor 1 maintain s No. Do not complete this for | | | | |
| No. Do not complete this fo | · · · · · · · · · · · · · · · · · · · | | | |
| 2. Do you have dependents? | □ No | Dependent's relationship to | Dependent's | Door dependent live |
| Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a | Yes. Fill out this information for each dependent | r Debtor 2: | age | Does dependent live with you? |
| dependent of Debtor 1 on Schedule J. | | ************************************** | *************************************** | ☐ Yes |
| Do not state the dependents' | | | - | □ No |
| names. | • | | ٠. | ☐ Yes ☐ No |
| | | *************************************** | | Yes |
| | | : | | □ No |
| | | | | Yes |
| | | | <u> </u> | ☐ No ☐ Yes |
| 3. Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1? | ☐ No ☐ Yes | • . | | : |
| | | alaran da aran aran aran aran aran aran ar | | The state of the s |
| Estimate your expenses as of your | ing Monthly Expenses | are using this form on a quantum | agent in a Chantar 12 a | |
| expenses as of a date after the bar | | are using this form as a supplem | nent in a Chapter 13 ca | ise to report |
| Include expenses paid for with nor | a-cash government assistance if vo | nu know the value of | | |
| such assistance and have included | | | Your expen | ses |
| The rental or home ownership eany rent for the ground or lot. | xpenses for your residence. Includ | le first mortgage payments and | 4. \$ | |
| If not included in line 4: | | | | |
| 4a. Real estate taxes | | | 4a. \$ | Markette Standard Company |
| 4b. Property, homeowner's, or re | enter's insurance | | 4b. \$ | |
| 4c. Home maintenance, repair, a | and upkeep expenses | | 4c. \$ | · · · · · · · · · · · · · · · · · · · |
| 4d. Homeowner's association or | condominium dues | | 4d. \$ | |

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Debtor 1 Ruby Stan Hold

Case number (if known)____

| | | | Your expenses |
|-----|---|------|---------------|
| 5 | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ |
| 6 | | • | |
| Ŭ | 6a. Electricity, heat, natural gas | 6a. | \$ |
| | 6b. Water, sewer, garbage collection | 6b. | \$ |
| | 5c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ |
| | 6d. Other. Specify: | 6d. | \$ |
| 7. | | 7. | \$ |
| 8. | | 8. | \$ |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ |
| 10. | | 10. | \$ |
| 11. | ·- · · · · · · · · · · · · · · · · · | 11. | \$ |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ |
| 14. | | 14. | \$ |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | \$ |
| | 15b. Health insurance | 15b. | \$ |
| | 15c. Vehicle insurance | 15c. | \$ |
| | 15d. Other insurance. Specify: | 15d, | \$ |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ |
| | 17c. Other, Specify: | 17c. | \$ |
| | 17d. Other, Specify: | 17d. | \$ |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ |
| 19. | Other payments you make to support others who do not live with you. | | Alland |
| | Specify: | 19. | \$ |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom- | e. | |
| | 20a. Mortgages on other property | 20a. | \$ |
| | 20b. Real estate taxes | 20b. | \$ |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ |

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| Your monthly expenses. Add lines 5 through 21. The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2. Line not used on this form. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. Yes. Explain here: | Other. Specify: | 21. | +\$ | |
|---|--|-----|-----|------------|
| Line not used on this form. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | Your monthly expenses. Add lines 5 through 21. | | | |
| Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2. | | \$ | 71/74511/4 |
| Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | | | | |
| For example, do you expect to finish paying for your car loan within the year or do you expect your nortgage? No. | Line not used on this form. | | | |
| or example, do you expect to finish paying for your car loan within the year or do you expect your nortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | | | | |
| or example, do you expect to finish paying for your car loan within the year or do you expect your nortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | | | | • |
| or example, do you expect to finish paying for your car loan within the year or do you expect your nortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | | | | |
| or example, do you expect to finish paying for your car loan within the year or do you expect your nortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | | | | |
| l No. | to you expect an increase or decrease in your expenses within the year after you file this form? | | | - |
| Yes. Explain here: | For example, do you expect to finish paying for your car loan within the year or do you expect your | ÷ | | |
| | For example, do you expect to finish paying for your car loan within the year or do you expect your nortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | | |
| | For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | | | |

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| Fill in this information to | identify your case: | | . τ. τ. μ | | |
|--|--|---------------------------------------|--|---|------------------------------------|
| Debtor 1, First Name | Sean + | Lo L+ Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | ************************************** | | |
| United States Bankruptcy Cou | rt for the: Northern District of | fllinois | | · | |
| Case number (li known) | * ************************************ | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | Check if this is an amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| Did you pay or agree to pay someone who is NOT at | n attorney to help you fill out bankruptcy forms? |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| Under penalty of perjury, I declare that I have read the that they are true and correct. | he summary and schedules filed with this declaration and |
| Signature of Debtor 1 Date 03/20/2018 | Signature of Debtor 2 Date |

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| | Middle Name | Last Name | | | |
|--|--------------------------------|---|---|--|--|
| Debtor 2 (Spouse, If filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court | for the: Northern District o | of Illinois | | | |
| Case number(If known) | | | | | ☐ Check if this is an |
| | · | | | | amended filing |
| · | | | | | |
| fficial Form 107 | | | | | |
| tatement of F | – inancial Affai | irs for Indiv | /iduals Filing | for Bankrupto | y 04/1 |
| e as complete and accurate formation. If more space is amber (if known). Answer of the complete is a | s needed, attach a sepa | rate sheet to this fo | rm. On the top of any add | ally responsible for suppl litional pages, write your | ying correct name and case |
| | | | | | |
| . What is your current ma | rital status? | • | | | |
| ☐ Married | | | | | |
| [""] | | | | | |
| ☐ Not married During the last 3 years, I ☐ No | | _ | ÷ | | : |
| During the last 3 years, I | nave you lived anywhere | _ | ÷ | | Dates Debtor 2 lived there |
| During the last 3 years, i No Yes. List all of the place | | years. Do not include | e where you live now. | | |
| During the last 3 years, I No Yes. List all of the place Debtor 1: | | years. Do not include | Debtor 2: | | lived there |
| During the last 3 years, I No Yes. List all of the place | | years. Do not include Dates Debtor 1 lived there | e where you live now. Debtor 2: | | lived there Same as Debtor 1 |
| During the last 3 years, I No Yes. List all of the place Debtor 1: | | years. Do not include Dates Debtor 1 lived there | Debtor 2: | | Iived there Same as Debtor 1 From |
| During the last 3 years, I No Yes. List all of the place Debtor 1: | | years. Do not include Dates Debtor 1 lived there | Debtor 2: | State ZIP Code | lived there Same as Debtor 1 From |
| During the last 3 years, in No Yes. List all of the plant Debtor 1: | ces you lived in the last 3 | years. Do not include Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | lived there Same as Debtor 1 From |
| During the last 3 years, I No Yes. List all of the place Debtor 1: Number Street City | ces you lived in the last 3 | years. Do not include Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | Iived there Same as Debtor 1 From To |
| During the last 3 years, in No No Yes. List all of the plant Debtor 1: | ces you lived in the last 3 | years. Do not include Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | Ilived there Same as Debtor 1 From To Same as Debtor 1 |
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| During the last 3 years, in No No Yes. List all of the place Debtor 1: Number Street City Within the last 8 years, d | State ZIP Code State ZIP Code | years. Do not include Dates Debtor 1 lived there From To From To pouse or legal equiv | Debtor 2: Same as Debtor 1 Number Street City Number Street City City | State ZIP Code | Ilived there Same as Debtor 1 From To Same as Debtor 1 From To |

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| Did you have any income from employm: Fill in the total amount of income you receiv If you are filing a joint case and you have in | ed from all jobs and all bus | inesses, including part-ti | me activities. | endar years? |
|--|---|---|---|---|
| ☐ No ☐ Yes. Fill in the details. | | | | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ | Wages, commissions, bonuses, tips Operating a business | \$ |
| For last calendar year: (January 1 to December 31, | Wages, commissions, bonuses, tips Operating a business | \$ | ☐ Wages, commissions, bonuses, tips ☐ Operating a business | \$ |
| For the calendar year before that: | ☐ Wages, commissions, | Market 18 - 1961 М. В метаболин II и на подоводително подоводително подоводително подоводително подоводително п | ☐ Wages, commissions, | alleren som ham hammen, ennen i priggerin, så rige, som i mykelika så om ålektiver (ven sen som kar |
| Oid you receive any other income during Include income regardless of whether that in unemployment, and other public benefit pay | come is taxable. Examples ments; pensions; rental inco | of <i>other income</i> are alin ome; interest; dividends; | money collected from laws | uits; royalties; and |
| (January 1 to December 31, YYYY Did you receive any other income during Include income regardless of whether that in | Operating a business this year or the two previous come is taxable. Examples ments; pensions; rental incog a joint case and you have each source separately. Do | of other income are alinome; interest; dividends; e income that you receive | Operating a business nony; child support; Social and money collected from laws ed together, list it only once tyou listed in line 4. | uits; royalties; and |
| Oid you receive any other income during Include income regardless of whether that ir unemployment, and other public benefit pay gambling and lottery winnings. If you are filir List each source and the gross income from | this year or the two previous come is taxable. Examples ments; pensions; rental income g a joint case and you have | of other income are alinome; interest; dividends; e income that you receive | nony; child support; Social money collected from laws ed together, list it only once | uits; royalties; and |
| Did you receive any other income during Include income regardless of whether that ir unemployment, and other public benefit pay gambling and lottery winnings. If you are filir List each source and the gross income from | this year or the two previous come is taxable. Examples ments; pensions; rental incog a joint case and you have each source separately. Do | of other income are alinome; interest; dividends; a income that you receive not include income that Gross income from each source (before deductions and | Operating a business nony; child support; Social a money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income | sults; royalties; and e under Debtor 1. Gross income from each source (before deductions and |
| Did you receive any other income during Include income regardless of whether that in unemployment, and other public benefit pay gambling and lottery winnings. If you are filling the each source and the gross income from No Yes. Fill in the details. | this year or the two previous come is taxable. Examples ments; pensions; rental incog a joint case and you have each source separately. Do | of other income are alinome; interest; dividends; a income that you receive not include income that Gross income from each source (before deductions and | Operating a business nony; child support; Social a money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income | sults; royalties; and e under Debtor 1. Gross income from each source (before deductions and |

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Debtor 1

| Rub | Ston | Hol | 1 | |
|------------|-------------|-----------|---|--|
| First Name | Middle Name | Last Name | | |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

| Are either Debtor 1's or Debtor 2's debts primarily consumer debts. No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for benkruptcy, did you pay any creditor a total of \$6,425° or more? No. Go to line 7. | 5000 PA JOSEPH TO SEE | | | | | |
|---|-----------------------|--|--|---|--|---|
| Tricurred by an individual primarily for a personal, family, or household purpose.* During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425° or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425° or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments for an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Personal payment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Personal payment on the days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment | Are eith | er Debtor 1's or Debtor 2's debts primarily c | onsumer deb | ts? | | |
| No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425° or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments for an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of | ☐ No. | incurred by an individual primarily for a persor | nal, family, or i | nousehold purpose." | | 1(8) as |
| Yes. List below each creditor to whom you paid a total of \$6,425' or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of | | During the 90 days before you filed for bankrup | otcy, did you p | ay any creditor a total o | f \$6,425* or more? | |
| total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an atterney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment | | ☐ No. Go to line 7. | | • | | e e e e e e e e e e e e e e e e e e e |
| □ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. □ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and allmony. Also, do not include payments to an attorney for this bankruptcy case. □ Dates of payment □ Total amount paid Amount you still owe Payment for □ Creditor's Name □ Street □ Creditor's Name □ Creditor's Name □ Suppliers or vendors □ Other □ Creditor's Name □ Suppliers or vendors □ Other □ Creditor's Name □ Suppliers or vendors □ Other □ Creditor's Name □ Suppliers or vendors □ Other □ Creditor's Name □ Suppliers or vendors □ Other □ Creditor's Name □ Suppliers or vendors □ Other □ Creditor's Name □ Mortgage □ Car | | total amount you paid that creditor. Do child support and alimony. Also, do no | o not include p ot include payr | ayments for domestic si nents to an attorney for | upport obligations, such as this bankruptcy case. | |
| During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Payment for Creditor's Name S. S. Mortgage Car Credit card Loan repayment Suppliers or vendors Other Creditor's Name S. S. Mortgage Car Credit card Loan repayment Cardit card Cardit c | • | * Subject to adjustment on 4/01/19 and every 3 | years after th | at for cases filed on or a | after the date of adjustment. | |
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| Car Credit card Coan repayment Loan repayment Suppliers or vendors Other Credit card Coan repayment Coan repayment Coan repayment Coan repayment Car Car Car Credit card Car Credit card Coan repayment Can repay | | | | \$ | \$ | Mortgage |
| Number Street Credit card Loan repayment Suppliers or vendors Other | | Creditor's Name | | | | |
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| siders include your relativ rporations of which you a | are an officer, director, per ousiness you operate as a | relatives of any rson in control, o | general partners; or owner of 20% or | partnerships of whi | who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations, |
|---|--|--|--|---------------------|--|
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Debtor 1 Ruby Stan Holf

Case number (if known)

| thin 1 year before you filed for but all such matters, including perso dicontract disputes. | nankruptcy, we nal injury cases | ere you a party in any la s, small claims actions, o | awsuit, court action, divorces, collection su | , or administra its, paternity a | ative procee ctions, supp | eding? ort or custody modificat |
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| 1 First Name Middle Name L | Case number (if x | rnown) | |
|--|--|--|-----------------|
| | | | • |
| | | | |
| ithin 90 days before you filed for bank counts or refuse to make a payment b | ruptcy, did any creditor, including a bank or financial ins ecause vou owed a debt? | stitution, set off any am | ounts from your |
| No | | , | |
| Yes. Fill in the details. | | | |
| | Describe the action the creditor took | D-441 | 1 y . 3 . |
| | | Date action was taken | Amount |
| Creditor's Name | | | |
| N | | \$ | <u> </u> |
| Number Street | · · | | |
| | | | |
| | ************************************** | same - umae ³ | • • |
| City State ZIP Code | Last 4 digits of account number: XXXX | . | |
| | | | |
| hin 1 year before you filed for bankru | ptcy, was any of your property in the possession of an a | ssignee for the benefit | of |
| ditors, a court-appointed receiver, a c | ustodian, or another official? | | |
| No Yes | | | |
| | | | |
| List Certain Gifts and Contrib | outions | | |
| | | | |
| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | | 111 | |
| | | | \$ |
| Person to Whom You Gave the Gift | | - | * |
| | _ | | \$ |
| | . [| saddle sa | |
| Number Street | | *. | |
| | | | · · |
| City State ZIP Code | | | |
| Person's relationship to you | | | • |
| | | | • |
| Gifts with a total value of more than \$600 per person | | | • |
| ior bergeit | Describe the gifts | Dates you gave | Value |
| | Describe the gifts | dia wille | Value |
| | | dia wille | Value |
| Person to Whom You Gave the Gift | | dia wille | Value |
| erson to Whom You Gave the Gift | | dia wille | Value |
| Person to Whom You Gave the Gift | | dia wille | Value \$ |
| · . | | dia wille | Value \$\$ |
| · . | | dia midia | Value \$ \$ |
| Number Street | | dia midia | Value \$ |
| Number Street | | dia midia | Value \$ \$ |
| Person to Whom You Gave the Gift Number . Street City State ZIP Code Person's relationship to you | | dia midia | Value \$ \$ |

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| Fire Name Middle Name | Last Name | Case number (if known) | · | |
|--|--|--|--|--|
| <i>I</i> | | | | • |
| Within 2 years before you filed for bank | cruptcy, did you give any gifts or | contributions with a total va | lue of more than (| ¢enn to any charity |
| □ No | and the same of the second statement. | POLITICATIONS WITH A TOTAL AND | ine or illote men 4 | \$600 to any charty |
| | | | | |
| Yes. Fill in the details for each gift or c | ontribution. | • | | |
| Gifts or contributions to charities | Describe what you contributed | | Date you | 100 (100 (100 (100 (100 (100 (100 (100 |
| that total more than \$600 | | | contributed | Value |
| | | to the second of | 7 | |
| | | | | • |
| Charity's Name | | • | - | \$ |
| • | THE COLUMN TO TH | • | | |
| | [| · · | | \$ |
| • | | | | • |
| Number Street | | | Para Para Para Para Para Para Para Para | |
| The state of the s | | • | The state of the s | |
| | o Process | | | • |
| City State ZIP Code | - | | | |
| | Sign of the second seco | | | |
| | | | | |
| t 6: List Certain Losses | | | • | |
| | | | | |
| Describe the property you lost and how the loss occurred | Describe any insurance coverage include the amount that insurance | | Date of your loss | Value of property lost |
| | claims on line 33 of Schedule A/B: | Property. | | |
| | | man and a second of the second | Fr. | |
| 18 1 | | | | \$ |
| <u> </u> | | | | |
| The state of the s | | ###################################### | 4 | |
| 76 List Certain Payments or Tra | insfers | The state of the s | and we will be a fifteen in the second of the series against | The state of the service of the serv |
| | | | | |
| /ithin 1 year before you filed for bankru ou consulted about seeking bankruptcy | ptcy, did you or anyone else activ | ng on your behalf pay or tran | isfer any property | / to anyone |
| clude any attorneys, bankruptcy petition p | preparing a bankruptcy petiti- preparers, or credit counseling agen | on? cies for services required in w | nus hankruotou | |
|) No | , | tot dorribod toquiba iit ye | on buildingley. | |
| Yes. Fill in the details. | • | • | | |
| res, Fill in the details. | | | | |
| | Description and value of any pro | perty transferred | Date payment or transfer was | Amount of paymen |
| Person Who Was Paid | | | made ' | |
| | ** P P P P P P P P P P P P P P P P P P | · | ANTIBLE | |
| Number Street | | | | \$ |
| | , | | | |
| | | | | \$ |
| City State ZIP Code | | | | |
| City State ZIP Code | | | | |
| Email or website address | 2 | Î | | |
| EDAL OF WORKING SOURCE | [| 1 | | |
| Enter of Mabatte address | | | | |
| Person Who Made the Payment, if Not You | | PROGRAMMA CONTRACTOR OF THE PR | | |

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Debtor 1 Case number (if known)_ Description and value of any property transferred Date payment or Amount of transfer was made payment Person Who Was Paid Number Street ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Q No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street ZIP Code 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ☐ No Yes. Fill in the details. Description and value of property Describe any property or payments received Date transfer transferred or debts paid in exchange was made Person Who Received Transfer Number Street ZIP Code Person's relationship to you Person Who Received Transfer Street

City

Person's relationship to you

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| thin 10 years before you filed for ba | | | | |
|--|--|--|--|--|
| thin 10 years before you filed for ba | | | | |
| thin 10 years before you filed for ba | | | | |
| e a beneficiary? (These are often call | nkruptcy, did you transfer any prope ed asset-protection devices.) | rty to a self-settled trus | st or similar device of t | which you |
| No | | | 4 | |
| Yes. Fill in the details. | | • | | |
| • | Description and value of the prop | andre francosia una d | | |
| | pescription and value of the prop | enty dansiened | | Date transfer was made |
| | · | • | | |
| Name of trust | ************************************** | | | |
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| | Committee to the technical distribution of the committee | | annual in the content of the content | |
| | | ر سر و است اخرار نام دارد دارد استان استان استان استان از دارد از این | | |
| | unts, Instruments, Safe Deposit | ······································ | | |
| sed, sold, moved, or transferred? | ruptcy, were any financial accounts (| | | |
| clude checking, savings, money mar | ket, or other financial accounts; cert peratives, associations, and other fi | ificates of deposit; sha | ires in banks, credit un | iions, |
| No | perauves, associations, and other to | nanciai institutions. | | |
| Yes. Fill in the details. | | | | |
| | Last 4 digits of account number | Type of account or | Date account was | Last balance befo |
| | | instrument | closed, sold, moved, or transferred | closing or transfe |
| Name of Financial Institution | XXXX- | Checking | | • |
| B3 | | ☐ Savings | <u> </u> | <u> </u> |
| Number Street | • | ☐ Money market | | |
| | | | | |
| | | ☐ Brokerage | • | |
| City State ZIP Code | | ☐ Brokerage ☐ Other | | |
| City State ZIP Code | and the contract of the contra | ☐ Brokerage ☐ Other | M heli kadan "A Pinkal (1987) M ja 1874 hillagat (1967) M yanna hari yani inasa asasanya yan | ************************************** |
| a mangal Mila manga pangangan manangangan sa ban mangal nahan Mila ban milangangan mangangan sa sa | XXXX | | | \$ |
| City State ZIP Code Name of Financial Institution | and sold and a second control of the second | Other_ | | \$ |
| a mangal Mila manga pangangan manangangan sa ban mangal nahan Mila ban milangangan mangangan sa sa | and sold and a second control of the second | Other | | \$ |
| Name of Financial Institution | and sold and a second control of the second | Other Checking Savings Money market Brokerage | | \$ |
| Name of Financial Institution | and sold and a second control of the second | Other Checking Savings Money market | Marianian Santa (1975) Santa (1984) Santa (1 | \$ |

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| Have you stored property in a st □ No | 3- and a place only dan jour nome with | • | |
|--|--|--|--|
| Yes. Fill in the details. | | | |
| | Who else has or had access to it? | Describe the contents | Do you st |
| | | | have it? |
| Name of Storage Facility | Name | | ☐ No ☐ Yes |
| Number Street | Number Street | THE STATE OF THE S | |
| | | | -th-sections |
| | City State ZIP Code | | , |
| City State | ZIP Code | The state of the s | or a Spiki, An open on Marine consistent was a few man of \$1.75 few for a few and |
| 3250355546 | ou Hold or Control for Someone Else perty that someone else owns? Include any pro | perty you borrowed from, are storing fo | or, |
| Yes. Fill in the details. | | | |
| • | Where is the property? | Describe the property | Value |
| Owner's Name | | | * |
| Office of table | · · | | \$ |
| | | | |
| Number Street | Number Street | | *************************************** |
| Number Street | *************************************** | | NAME INTERNITATION OF THE PROPERTY. |
| Number Street City State | Number Street City State ZIP Code | ode | |
| City State | City State ZIP Co | ode | |
| City State 10: Give Details About | ZIP Code City State ZIP Co | ode | To be a second s |
| Give Details About the purpose of Part 10, the follonvironmental law means any feazardous or toxic substances, cluding statutes or regulations | ZIP Code City State ZIP Code Environmental Information Diving definitions apply: ederal, state, or local statute or regulation concurstes, or material into the air, land, soil, surface controlling the cleanup of these substances, | erning pollution, contamination, releas ace water, groundwater, or other mediu wastes, or material. | m, |
| Give Details About the purpose of Part 10, the follonvironmental law means any feazardous or toxic substances, cluding statutes or regulations are means any location, facility, | ZIP Code City State ZIP Code Environmental Information Description apply: Ederal, state, or local statute or regulation conce wastes, or material into the air, land, soil, surfaces controlling the cleanup of these substances, or property as defined under any environment | erning pollution, contamination, releas ace water, groundwater, or other mediu wastes, or material. | m, |
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| Give Details About the purpose of Part 10, the follon vironmental law means any feature or toxic substances, cluding statutes or regulations te means any location, facility, ilize it or used to own, operate azardous material means anythestance, hazardous material, p | Environmental Information Description of the service of the servi | cerning pollution, contamination, releas ace water, groundwater, or other mediu wastes, or material. tal law, whether you now own, operate, ous waste, hazardous substance, toxic | m, |
| Give Details About The purpose of Part 10, the followironmental law means any few readous or toxic substances, cluding statutes or regulations to means any location, facility, ilize it or used to own, operate azardous material means anythebstance, hazardous material, justance, hazardous material, justance | City State ZIP Code Environmental Information Diving definitions apply: Ederal, state, or local statute or regulation concurates, or material into the air, land, soil, surface controlling the cleanup of these substances, or property as defined under any environments, or utilize it, including disposal sites. | cerning pollution, contamination, releas ace water, groundwater, or other mediu wastes, or material. tal law, whether you now own, operate, ous waste, hazardous substance, toxic | m, |
| Give Details About the purpose of Part 10, the follon vironmental law means any feazardous or toxic substances, cluding statutes or regulations te means any location, facility, ilize it or used to own, operate azardous material means anythe obstance, hazardous material, just all notices, releases, and pro- | Environmental Information Description of the service of the servi | cerning pollution, contamination, released ace water, groundwater, or other mediu wastes, or material. tal law, whether you now own, operate, ous waste, hazardous substance, toxic when they occurred. | m, or |
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Page 61 of 62 Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State ZIP Code State ZIP Code 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ☐ No Yes. Fill in the details. Status of the Court or agency Nature of the case Case title Pending Court Name On appeal Number Street Concluded Case number City State ZIP Code Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business Employer Identification number Do not include Social Security number or ITIN. **Business Name** Number Street Name of accountant or bookkeeper Dates business existed ZIP Code State Describe the nature of the business

Business Name

Number Street

Name of accountant or bookkeeper

ZIP Code

Employer Identification number

EIN: ___ -_

Dates business existed

From _____To

Do not include Social Security number or ITIN.

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| The second secon | | |
|--|---|---|
| | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITI |
| Business Name | | EIN: |
| Number Street | Name of accountant or bookkeeper | Dates business existed |
| | PETER MINISTER MANAGEMENT AND ALL AND | |
| City State ZIP Code | Managara and a same and a same a | From To |
| itutions, creditors, or other parties. | cy, did you give a financial statement to a | myone about your business? Include all financial |
| No Yes. Fill in the details below. | • | |
| | Date issued | |
| | | |
| Name | MM / DD / YYYY | |
| Number Street | | |
| | | |
| City State ZIP Code | | |
| | | |
| 23 Sign Below | | |
| swers are true and correct. I understand | of Financial Affairs and any attachments, that making a false statement, concealing esult in fines up to \$250,000, or imprison | and I declare under penalty of perjury that the g property, or obtaining money or property by fraud ment for up to 20 years, or both. |
| Signature of Debtor 1 | Signature of Debtor 2 | |
| Date 03/24/2010 I you attach additional pages to Your Sta | Date ntement of Financial Affairs for Individuals | Filing for Bankruptcy (Official Form 107)? |
| No Yes | | |
| | | • |
| you pay or agree to pay someone who i | s not an attorney to help you fill out bank | ruptcy forms? |